

Period	PeriodStart	PeriodEnd	spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count	Year	Quarter
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	breast cancer; restaging; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	He has a known fracture of the left T4 pedicle screw.. He also has a small right P-comm aneurysm that last measured approximately 2 mm in size plan was to follow-up in April of this year with repeat CTA of the head, however, for some unknown reason this w; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	He has a known fracture of the left T4 pedicle screw.. He also has a small right P-comm aneurysm that last measured approximately 2 mm in size plan was to follow-up in April of this year with repeat CTA of the head, however, for some unknown reason this w; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Internal carotid artery injury, right, initial encounter; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pulsatile tinnitus of right ear; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	breast cancer; restaging; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Hematologic malignancy, assess treatment response ;hx mediastinal thymic B-cell lymphoma; also having intermittent pain in right superior chest; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient is having chest pain and has Aortic ectasia, thoracic on last scan. Need new scan to evaluate patient's aorta.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	PER LAST CT;;;IMPRESSION;;1. FUSIFORM ANEURYSMAL DILATION OF THE ASCENDING AORTA UP TO 4.1 CM. NO EVIDENCE OF AORTIC;DISSECTION OR RUPTURE.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to known or suspected infection or abscess.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	atypical scoliosis in male. absent abdominal reflexes. pain in thoracic spine; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis, baseline ;numbness and tingling to the left side; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	atypical scoliosis in male. absent abdominal reflexes. pain in thoracic spine; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis, baseline ;numbness and tingling to the left side; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	atypical scoliosis in male. absent abdominal reflexes. pain in thoracic spine; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Evaluation and management of: Colon cancer; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; Advanced Practice Registered Nurse	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	14	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Abnormal reflexes; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	none; This study is being ordered due to organ enlargement.; It is not known whether there is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is NOT Hematologist/Oncologist, Radiation Oncology, Oncology, Surgery, Surgical Oncology or Urology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; It is unknown if a biopsy is planned	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; No biopsy is planned	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	two noticeable knots on wrist and the swelling of left wrist and hand limited range of motionPossible subluxation of the distal ulna observed; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient does not have a documented limited range of motion; The patient does not have an abnormal plain film study of the ankle other than arthritis; The patient has used a cane or crutches for greater than 4 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Evaluation and management of: Colon cancer; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	breast cancer; restaging; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hematologic malignancy, assess treatment response ;hx mediastinal thymic B-cell lymphoma; also having intermittent pain in right superior chest; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Calcified fibroid on xray; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); possible hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The ordering provider's specialty is NOT Surgery; A CT Scan has been previously conducted.; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Diverticulitis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was normal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Impression on last Mammogram: Indeterminate multifocal microcalcifications in the left;breast.;CATEGORY: BIRADS 0 - INCOMPLETE. ADDITIONAL IMAGING EVALUATION IS;RECOMMENDED AT THIS TIME.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	risk management; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Tyrer Cuzick Risk Score: 34.6%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Plan nuclear stress test (patient unable to do treadmill due to hip replacement). Set up ECHO. Ongoing episodes of back pain radiates to chest associated with dizziness, nausea. Hx HTN, HLD.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for None of the above or don't know; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for an infection of the heart.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	10	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Internal carotid artery injury, right, initial encounter; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Optic neuritis; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	UnPatient states therapy did not help much with his left hand pain and stiffness. He is currently taking meloxicam.;Patient states his pain today is more along the thumb index finger and middle finger. Previously he was complaining of pain primarily at t; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	CLINICAL INFORMATION FAXED; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Optic neuritis; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; It is unknown if this is a new/initial evaluation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Caller requested to bypass clinicals; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	unsteadiness on feet, numbing of extremities, and neuropathy; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	unsteadiness on feet, numbing of extremities, and neuropathy; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Increasing pain in mid-low back, neck, right hip, and bilateral arm and leg pain, with weakness in BLE and RUE.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient continues to have pain following an MVA, even after Physical therapy and chiropractic treatments; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has failed conservative therapies of physical therapy, medications, and injections. Pain continues to increase. Plain films reveal osteophytes with neuroforaminal narrowing.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS EXPERIENCING PAIN AND WEAKNESS IN HER LOWER EXTREMITIES AND SPINE. WALKING AND STANDING HAVE BECOME DIFFICULT. PATIENT HAS BEEN EXPERIENCING SYMPTOMS FOR PROLONGED PERIOD OF TIME WITH INCREASING NEUROLOGIC DEFICITS.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient continues to have pain following an MVA, even after Physical therapy and chiropractic treatments; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has failed conservative therapies of physical therapy, medications, and injections. Pain continues to increase. Plain films reveal osteophytes with neuroforaminal narrowing.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS EXPERIENCING PAIN AND WEAKNESS IN HER LOWER EXTREMITIES AND SPINE. WALKING AND STANDING HAVE BECOME DIFFICULT. PATIENT HAS BEEN EXPERIENCING SYMPTOMS FOR PROLONGED PERIOD OF TIME WITH INCREASING NEUROLOGIC DEFICITS.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBL.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; ; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; He is having worsening pain between his shoulder blades with BUE weakness exam findings	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Increasing pain in mid-low back, neck, right hip, and bilateral arm and leg pain, with weakness in BLE and RUE.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient continues to have pain following an MVA, even after Physical therapy and chiropractic treatments; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS EXPERIENCING PAIN AND WEAKNESS IN HER LOWER EXTREMITIES AND SPINE. WALKING AND STANDING HAVE BECOME DIFFICULT. PATIENT HAS BEEN EXPERIENCING SYMPTOMS FOR PROLONGED PERIOD OF TIME WITH INCREASING NEUROLOGIC DEFICITS.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; Advanced Practice Registered Nurse	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	16	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	16-year-old female who presents to the clinic for a UCC New Ortho appointment. She has been experiencing pain in her left leg, which she injured while performing cheer jumps.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for a condition not listed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary		2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Caller requested to bypass clinical questions and will fax in clinicals.; The study is not requested for any of the standard indications for Knee MRI; This request is for a wrist MRI.; It is not known if the reason for the study is evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient continues to have pain following an MVA, even after Physical therapy and chiropractic treatments; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 3 weeks and it was too painful for patient to complete.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	unable to determine why patient is having chronic leg pain; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	16-year-old female who presents to the clinic for a UCC New Ortho appointment. She has been experiencing pain in her left leg, which she injured while performing cheer jumps.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	patient continues to have pain following an MVA, even after Physical therapy and chiropractic treatments; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Pt has had multiple surgeries on this foot and ankle in the past.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	tylenol and ibuprofen with little relief, Pain and edema to the knee is worse with prolonged standing or walking. relieved little with medication and rest.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary		2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	tylenol and ibuprofen with little relief, Pain and edema to the knee is worse with prolonged standing or walking. relieved little with medication and rest.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); adnominal distension , hepatomegaly , tenderness , recent malignant nodule removed from lung; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	recurrent breast pain, lump felt left subareolar region, tenderness on palpation to lower and inner quadrant; This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Plan nuclear stress test (patient unable to do treadmill due to hip replacement). Set up ECHO. Ongoing episodes of back pain radiates to chest associated with dizziness, nausea. Hx HTN, HLD.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for Sickle Cell Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Cannot agree/affirm; The onset or change in symptoms was more than 6 months ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Has had MULTIPLE rounds of antibiotics for sinus infections and bronchitis. No pneumonia. No hospitalizations. Has been off SCIG for 8 weeks because of insurance issues. Treated with prophylactic antibiotics in the interim. She has been able to get her in; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Approval	71250 Computed tomography, thorax; without contrast material	Has had MULTIPLE rounds of antibiotics for sinus infections and bronchitis. No pneumonia. No hospitalizations. Has been off SCIG for 8 weeks because of insurance issues. Treated with prophylactic antibiotics in the interim. She has been able to get her in; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Allergy & Immunology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ambulatory/Walk-in Clinic	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	16	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There has not been any treatment or conservative therapy.; This case was created via BBL.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is NOT Hematologist/Oncologist, Radiation Oncology, Oncology, Surgery, Surgical Oncology or Urology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; It is not known what type of medication the patient received.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; PATIENT C/O WEAKNESS IN BLE; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness bilateral; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chief Complaint: *Chronic Pain;Other Complaints: Severe radicular neck pain, Severe radicular low back pain, Ineffective pain med dose;History of Present Illness;*Chronic Pain;Brown, Rosa presents for follow up and evaluation of Chronic pain and Sever; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	I expect chronic pain, chronic pain related physical (limitation in activities) and mental issues (frustration, mood;changes, sadness and potential depression and anxiety) and medication management will last at least more;than one year and most likely t; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	I will start Oxycodone 10mg twice a day.;Patient instructed to no longer take any hydrocodone, suboxone, marijuana, or benzodiazepine. Patient;instructed to wait 3-4 hours between taking seroquel and oxycodone. Patient voiced understanding.;Patient has; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI cervical spine is being requested to further evaluate the patient's radicular neck pain. Patient has failed;conservative treatment (include activity modifications, physical/home exercise therapy, over the counter;Tylenol/NSAIDs medication therapy) a; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has done PT; chiropractic therapy; now possible surgery candidate; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via BBL.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Patient complaint. Notes attached.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Tender to touch Joint tenderness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chief Complaint: *Chronic Pain;Other Complaints: Severe radicular neck pain, Severe radicular low back pain, Ineffective pain med dose;History of Present Illness;*Chronic Pain;Brown, Rosa presents for follow up and evaluation of Chronic pain and Sever; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	I expect chronic pain, chronic pain related physical (limitation in activities) and mental issues (frustration, mood;changes, sadness and potential depression and anxiety) and medication management will last at least more;than one year and most likely t; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	I will start Oxycodone 10mg twice a day.;Patient instructed to no longer take any hydrocodone, suboxone, marijuana, or benzodiazepine. Patient;instructed to wait 3-4 hours between taking seroquel and oxycodone. Patient voiced understanding.;Patient has; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI cervical spine is being requested to further evaluate the patient's radicular neck pain. Patient has failed;conservative treatment (include activity modifications, physical/home exercise therapy, over the counter;Tylenol/NSAIDs medication therapy) a; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has done PT; chiropractic therapy; now possible surgery candidate; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	42	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pain at this time is not being managed with current medication regimen. She reports pain intensity increases;with increase physical activities despite taking pain medications.; The patient received medication other than joint injections(s) or oral analgesics.; Current Medication;diclofenac sodium 25 mg tablet,delayed release 1 Tablet Once A Day PRN for 30 Days , Prescribe 30 Tablet	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		to evaluate vascular disease.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; The procedure was more than 6 months ago; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; Carotid endarterectomy was performed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	to evaluate vascular disease.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for vascular disease other than cardiac.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for vascular disease other than cardiac.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ANNUAL SURVIELLANCE OF AORTIC ANEURYSM.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; It is unknown when the procedure is planned	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiac Surgery; The patient is On continuous oxygen therapy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary It is unknown if surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBL.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	76yo male with "blackout" spells. Has high-grade carotid stenosis in the right internal carotid. His velocities are incredibly high at 544 peak systolic 165 end diastolic. Classified critical stenosis. CTA is now necessary. Intervention is imminent and op; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carotid artery plaque, bilateral; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ms. Ragsdale came in for an outpatient nuclear stress test today. When she was placed on the EKG machine she was found to be in atrial fibrillation with RVR. Rates were 120s-140s. Cardiologist was contacted and while we were on the phone she spontaneously; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The procedure was 6 months ago or less; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery; Aneurysm repair was performed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	76yo male with "blackout" spells. Has high-grade carotid stenosis in the right internal carotid. His velocities are incredibly high at 544 peak systolic 165 end diastolic. Classified critical stenosis. CTA is now necessary. Intervention is imminent and op; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carotid artery plaque, bilateral; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ms. Ragsdale came in for an outpatient nuclear stress test today. When she was placed on the EKG machine she was found to be in atrial fibrillation with RVR. Rates were 120s-140s. Cardiologist was contacted and while we were on the phone she spontaneously; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation for vascular disease; Unknown best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; This Interstitial Lung Disease is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; It is not known whether there is a known or suspected coarctation of the aorta.; It is not known if there is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Action started - CTA Watchman date, Paroxysmal A-fib. CHF follow -up; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ascending aortic aneurysm measuring 4.87 cm by echocardiogram; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Assessment: ;;1. Ascending aortic aneurysm - I71.2 (Primary) ;2. HTN (hypertension), benign - I10 ; thoracic CTA;1y.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CAT scan to rule out aortic root dilation; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CT necessary to fully evaluate aneurysm of ascending aorta due to range/area of imaging from echo.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CT scan a year ago showed Ascending aortic aneurysm measuring 4.6 cm. Need to do another CT scan to monitor for increase in size.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Need scan for 1 year follow up by cardiovascular and thoracic surgery doctor of ascending aortic aneurysm last measuring 3.8 x 4.1 cm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	on previous Echo, mentions dilated ascending aorta. Patient has upcoming cardiac catheterization. Need CTA to properly evaluate aorta; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has ascending aortic aneurysm. Patient's brother died of aortic dissection in 2011. Patient has history of catheterization of left heart 11/2022. Scan is needed to asses aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient with recent echocardiogram indicates enlarged ascending aorta with a possible tear or flap seen on ultasound. Patient has a history of hypertension and aortic insufficiency.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	pt has a very strong family history of aortic aneurysm and dissection. needs clearance for upcoming surgery.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; It is not known whether there is a known or suspected coarctation of the aorta.; It is not known if there is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	RECENT TTE AND RESULTS HAD DILATION OF AORTIC ROOT WITH LEVEL 4.02 DILATION.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	repeat the CTA of his chest in 6 months to make sure the aneurysm not increased in size.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	SOB, chest pain, abd pain; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	36	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Thoracic aortic aneurysm which is 4.4 cm and checked corrected for height aorta height index 2.7cm/m this still moderate risk; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	to assess LV to PA conduit branch pulmonary arteries, cotonary arteries right & left ventricular volume & function. s/p biventricular cardiac pacemaker insertion, abnormal echo; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	congenital heart disease TOF s/p repair with residual PS? PR elevated RVP & RVE. thickened aortic valve with trivial insufficiency branch PAS difficult to visualize; This is a request for an MR Angiogram of the chest or thorax	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	congenital heart disease. s/p tetralogy of fallot repai & pulmonary valve replacemnt. Evaluate Rv size and function PI & perivalve leak; This is a request for an MR Angiogram of the chest or thorax	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	heart transplant, medication, doctor visits and follow ups for hypertension, complex heart disease, mitral valve replacement; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	medications; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	per echo on 08/04/2023- subpulmonic ventricular septa defect, s/p aortic arch reconstruction, mild obstruction below the neo-aortic valve at the level of the trus VSD, dilated aortic root and ascending aorta. pulmonary valve insufficiency & stenosis; This is a request for an MR Angiogram of the chest or thorax	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	S/p Tetralogy of Fallot surgery.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Valvular heart disease, follow up ;Cardiomyopathy, non-ischemic suspected ;To assess LV noncompaction: Ratio as well as segments involved;; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Valvular heart disease, follow up to evaluate pulmonary valve, branch pulmonary arteries, right ventricular volume and function, right ventricular hypertrophy, left ventricular volume and function.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the upper extremity.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	; Is this a request for one of the following? MR Angiogram lower extremity	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	heart transplant, medication, doctor visits and follow ups for hypertension, complex heart disease, mitral valve replacement; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	medications; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	S/p Tetralogy of Fallot surgery.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via BBI.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via BBI.; This Heart MRI is being requested for pre or post procedural evaluation; Something other than listed was or is being performed; The ordering provider's specialty is Cardiology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via RadMD.; Agree; This Heart MRI is being requested for Congenital Heart Disease (CHD); The ordering provider's specialty is Cardiology	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via RadMD.; Agree; This Heart MRI is being requested for evaluation for aneurysm; Follow up after initial diagnosis of aneurysm	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This Heart MRI is being requested for Other	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a Medicare member.; This case was created via RadMD.; Agree; This Heart MRI is being requested for Coronary Artery Disease evaluation (CAD)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a Medicare member.; This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is NOT a Medicare member.; This Heart MRI is being requested for Coronary Artery Disease evaluation (CAD)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); It is unknown when the condition was diagnosed; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Valvular heart disease, follow up ;Cardiomyopathy, non-ischemic suspected ;To assess LV noncompaction: Ratio as well as segments involved,; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Valvular heart disease, follow up to evaluate pulmonary valve, branch pulmonary arteries, right ventricular volume and function, right ventricular hypertrophy, left ventricular volume and function.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	This is a request for Heart CT Congenital Studies.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	ABNORMAL STRESS TEST; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Concern for tachyarrhythmias. June 8, 2023 he had a 30 day event monitor that revealed heart rate range 50 to 145 bpm, average 83 bpm. No significant pauses. No PACs or PVCs during monitoring.;CT coronaries to rule out any congenital coronary. He presen; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CTA R/O chest pain; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	dizziness, near syncope, brain fog, slurred speech, Lt sided numbness/weakness, and headache;. Chest pain in adult - R07.9 (Primary) ;2. Palpitations - R00.2 ;3. Neurocardiogenic syncope - R55 ;4. GERD without esophagitis - K21.9 ;5. Borderline perso; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)</p>	<p>Enter answer here - or Type In UMr. Tilley is a 48 yo with a history of OSA, GERD, and hyperlipidemia. He is a referral from Dr.Trauth to establish care due to a strong family history of heart disease at a young age and recent chest pain. His main concern; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Nuclear test was done and Showed LVEF 65%, Testing is needed.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient has had echo on 08/28/2023 and a 7 day holter monitor is ordered.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)</p>	<p>Patient was seen for exertional dyspnea EKG showed inferior Q waves. Lexiscan stress test and echocardiogram were performed. Stress test was abnormal suggestive of possible previous anterior apical and inferior apical myocardial infarction with some perii; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient was unable to achieve target heart rate for their MPI due to symptoms of SOB and fatigue resulting in termination of the stress test. ;Conclusion of study: "This is a limited exercise stress test where the patient was only able to achieve 83% o; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	recurrent chest pain, dyspnea on exertions, palpitations, fatigue, hx of smoking/currently vaping, and hyperlipidemia. Need to evaluate for CAD and also evaluate for anomalous coronaries contributing to her symptoms; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	3	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	23	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	24	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	27	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	3	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	5	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	18	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	19	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Today's ECG: NSR @ 60 bpm, nl axis, low voltage QRS. She reports atypical CP. ECG was unrevealing. Will get a CCTA to assess for obstructive CAD. Normotensive. Of note, outside MRI showed mild ischemic changes. RTC afterwards.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; Vascular stents were performed; The procedure was 6 months ago or less	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	24	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; It is unknown if the patient had any other studies	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was normal	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>40 y/o female with a history of HTN, CAD and cardiomyopathy who is being seen today for hospital follow up. She has been seen at WRMC and CSM in the last week. She started having CP while walking at Wal-Mart last week. Her BP was mildly elevated. She went; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>56 Y M with known Hx HTN, swelling of legs had recurrent ED visits with hypertensive urgency and also fluid around his heart. He has chronic lymphedema and been having shortness of breath.; Attempted to walk on treadmill but unable to do it. lasted; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>57 y/o female with HTN, DM, ?Lupus, and Anxiety here for cardiac eval.; Normal cardiac w/u in 2020. TTE sent from PCP is unremarkable with age appropriate changes.; C/o DOE and dizziness.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>62 YOM with PMH of HLD and hypothyroidism. He is here today for follow up. We initially took him to the cath lab after abnormal stress test at UAMS. PCI was done and then planned for staged PCI. He presented to Batesville ER with NSTEMI and was transferre; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	64 y/o female with CAD (CABG 2010) and HTN here for f/u appt.; Still c/o fatigue, DOE and chest pain. NS for echo and PET last year.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	BMI 65.71, HX CAD, HTN, HLD, CHEST PAIN,DOE, CHF, COPD; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	chest pains; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>Does not exercise due to R side issues. She Carries the diagnosis of dystonia on the right. ;;BMI 40.09; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>Having episodes of palpitations and DOE along with chest pressure. BP controlled. Unable to walk on TM and BMI 57.32; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>HPI: ; Mrs Conley was referred to me by PrimeCare, PA Morgan Elam. C/C near syncopal episode with low blood pressure. ; She complains of long history of presyncope, syncope (2 weeks ago), low BP; Also has intermittent episodes of che; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Known history of cardiac sarcoid re evaluation for Prednison paper.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>Mr. Sanders is a 60 y/o male who presents today to establish care. He underwent KTB on 8/9/23 with total score of 97.; PMHx: DM type II, obesity, GERD, HTN, & HPLD. Does report SCA 5 years ok at Baptist was "normal"; He is a preacher. Repor; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>Mr. Schwartz is here for a follow up visit. He has some joints replaced last year, so he feels better. He denies any angina, dyspnea, palpitations, or syncope.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>Ms. Ward is a 65 y/o female with CAD, HTN She is s/p PCI to 99% stenosis of RCA 5/2021. She is here today for annual visit.; She was last seen on 2/27/23. ; Reports has been doing fair, having alot of dental trouble. Denies any hospitalizati; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>Patient recently had EKG performed which showed heart block, EKG from that visit has been reviewed which shows 2-1 AV block.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Results are inconclusive and patient presented with chest pain. Would proceed with PET stress CT or nuclear stress test, BMI 32.42 Index; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>She has intermittent left side chest pain that radiates to her jaw. Nitro with relieve the pain. She is having dyspnea with minimal exertion. She has increased fatigue. She states she is no longer able to walk in Wal Mart due to fatigue.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>She was seen in the ED at Cabot on 8/16/23 due to HTN. BP systolic 200. She was admitted overnight for observation. She was last seen on 1/12/23. CE negative . Metoprolol and ramipril dose doubled. She followed up with PCP who cut her back on to metoprolol; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>Stress Echo Was Non Diagnostic; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed</p>	27	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan</p>	<p>This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Unable to walk Treadmill Due to Knee Pain; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	-patient is unable to walk due to severe knee pain and shortness of breath;- recommend a lexiscan;intermittent claudication; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	. Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to moderate exertion, severe chronic right hip pain with difficulty ambulating. Rule out underlying ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Angina;2. Palpitations;3. Hypertension;4. Osteoarthritis - left knee; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Coronary artery disease s/p IWMI s/p PCI to the RCA (DES) - ongoing chest pain w/ associated symptoms; will schedule NM myocardial imaging scan;2. Hypertension - stable;3. Hyperlipidemia - unknown status; started 5/24/23 x 1 mo; not taken in last ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	76 y/o female presents today for c/o chest pain. Pt denies Hx of cardiac work-up. Pt notes she was prescribed muscle relaxant and pain has decreased, she also notes she is active around house and in yard so there is a possibility of it being muscle pain V; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Assessment; Chest tightness; - seems to be atypical, however with his extensive CAD, stent placement, angina cannot be excluded ; Shortness of breath; - most likely secondary from overweight, angina equivalent cannot be excluded ;CAD; - post LAD ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Brandon A Hughes reports overall he is concerned he may have a new problem causing shortness of breath and mid back pain. To him his symptoms feel similar to last episode which resulted in stent placement. He denies overt chest pain, palpitations, dizziness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CAD, chest pain. Dyspnea.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain and left sided arm pain;;hypertension;hyperlipidemia;polysubstance abuse/methamphetamine;spine disease cannot ambulate tm so ordered lexiscan nuclear testing;;ekg shows normal sinus with nonspecific T wave abnormality; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain at rest, chest pain related to activity, palpitations, irregular heartbeat, SOB laying flat, waking up panicky, SOB, pain in legs with walking; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>chest pain on exertion and shortness of breath when walking; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Chest pain-history is somewhat concerning for unstable angina. He has known history of CAD with abnormal calcium score and poorly controlled hyperlipidemia. About two weeks ago he was driving and had acute substernal chest pain that progressively worsened; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain, dyspnea, hypertension, bmi of 37, nicotine dependence, family hx of cad, hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain, left arm pain, shortness of breath: Mr. King reports episodes of chest tightness and left arm pain that occur both at rest and with exertion. He feels that episodes have been progressing and are now worse when he is lifting heavy objects.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain, new onset, with associated dizziness and nausea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain: Intermediate risk for CAD: Has hyperlipidemia, tobacco use, family history of CAD. We will proceed with vasodilator SPECT myocardial perfusion imaging. Unable to exercise due to shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chronic systolic heart failure;Symptomatically worsening. We will have to reevaluate with repeat echocardiogram, pharmacologic stress test since he would not be able to walk, also we have to switch atenolol to metoprolol succinate. We will also check BMP; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Daily chest discomfort that radiates across her lower breast as well as shortness of breath with ambulation.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Doing okay, had stent placed last year. Some precordial pain at times exertional. Unable to walk on TM due to ortho issues in the hip Stent last year showed instent restenosis. BP a little elevated today.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	dyspnea on mild exertion, pacemaker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Echocardiogram estimated aortic root at 5.92 cm. Due to inability to walk a city block or climb a flight of stairs and aortic root dilatation measuring 6 cm, the patient is not safe to perform a treadmill stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In UnkHPI;Ricky G Connelly is a 62 y.o. male who presents for new patient visit with complaints of chest discomfort. He has history of HLD and tobacco use. Two weeks ago he was at work and was lifting a bird bath and carries i; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Enter answer here #1 angina: She was had an episode of chest discomfort. Was rather prolonged. Describes a fullness or pressure in the left side of her chest. Lasted for about 20 or 25 minutes. Was rather intense. Some radiation to her left shoulder. - or ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>female who presented to ER with complaint of chest pain. Reportedly woke up with chest pain and dyspnea that radiated to her right arm.;Patient has recurrent chest pains over last few weeks. No relation to activity. Describes pain as a sharp pain with ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Here for follow up. Doing well from cardiac standpoint other than some episodes of chest pain. Several weeks ago was outside working and went back in a took a shower and had some chest pain that he had not had before. Has not had it since then. Has had ch; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	HTN;Edema;Chest Pain;Shortness of breath; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	hx cad, stent placed, doe, chest pain, fatigue; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	hx htn, hld, chest pain on exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Immediate family (father/brother) hx of heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Impression and Plan;01. Chronic diastolic (congestive) heart failure (I50.32);02. Chronic kidney disease, stage 3 unspecified (N18.30);1. HFpEF, EF 55 to 60% with grade 2 DD per echo 7/27/2021. Currently managed on BB, ARB, loop diuretic (PRN). She re; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	intermittent chest tightness and pressure with exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Largely atypical, though she does have risk factors for coronary disease including hyperlipidemia, age; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. Irons is a 50-year-old male who presents with complaints of syncope that has happened 7-8 times with the last one 3 weeks ago. He also complains of shortness of breath with mild to moderate exertion. He denies any chest pain symptoms. He does have ; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. West is a 48 year old white male with history of CVA (Nov 2021), hypertension, SSS s/p PPM (3/17/22 Medtronic), HLD and smoking, here today for a follow up. He's a former smoker but he quit at the time of his CVA. He says that he has mild shortness of; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Lewis is a 54 year old female with past medical history of DM, HTN, HLD. LHCs at Methodist in 2016, 2017, and 10/29/20 showing no CAD. ETT 3/2022 negative for ischemia, walked 4 min.;She presents today for4 months follow-up. Today she complains of ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Mims is a pleasant 53-year-old female with a past medical history of COPD and chronic right-sided pain. She has a family history of a mother with CHF and a father with cancer. Her social history includes 2 packs a day cigarette smoking for 10 years. S; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Myocardial ischemia to be excluded and nuclear perfusion imaging study will be obtained. Coronary angiography in 2000 and active disease. Electrocardiogram shows sinus rhythm with inferior and anterior lateral ST depression, right atrial enlargement and; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	NYHA class II. Clinically euvoletic. Patient states probably familial and has had since he was a child. Get records. He is not on guideline directed therapy. He has CKD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Occasional left sided pressure like chest pain. Exertional dyspnea for the past 3-4 months.;He is referred by Dr Beachy for an elevated CT Calcium score.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient c/o persistent fatigue, dyspnea on exertion with heaviness in center of chest. hx of htn, dyslipidemia, and carotid artery dx. Due to severe osteoarthritis with chronic pain and unsteady gait it is unsafe for her walk a tm; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient experiencing chest pain and shortness of breath. Patient has COPD, history of seizures, as well as chronic back pain so is unable to walk on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has a known history of systolic dysfunction. Patient was hospitalized in April 2023 with pneumonia. Echo performed at that time showed cardiomyopathy. It was diagnosed with viral myopathy secondary to viral pneumonia. She does not recall ischemi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has chest pain with history of coronary artery disease and ischemic cardiomyopathy. She has fibromyalgia, back pain, and joint pain impacting her ability to walk on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Patient has exertional shortness of breath, near syncope, and has a pacemaker. He has a strong family history of coronary artery disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Patient has hx of PCI with no records. He is poor historian. He has been complaining of back pain as well and does not think he will be able to walk treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has newly abnormal EKG. He has diabetes, hypertension, hyperlipidemia, positive family history. He also has palpitations, dizziness, and pre-syncope. He has chronic back pain and arthritis affecting his ability to walk on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has substernal chest pain which radiates to her left arm. She has a history of dyslipidemia, strong family history of early onset CAD, previous smoker. Patient has chronic back pain and joint pain. In 2019 a treadmill test was attempted and patien; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has worsening chest pain, left arm pain and numbness, and shortness of breath. He has hypertension, hyperlipidemia, and sleep apnea. He had an equivocal rest stress echocardiogram (clinically negative, electrocardiographically positive) and recent; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient having episodes of substernal chest pain that radiate into her jaw. They are associated with nausea, diaphoresis, and shortness of breath. Coronary risk factors include diabetes, age, hypertension, hyperlipidemia, family history, and smoking.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient is having chest pain brought on by stress. He is unable to walk on a treadmill due to a herniated disc.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient is having new shortness of breath on exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient presents with the above, recurrent syncope/near syncope episodes, intermittent chest pressure, shortness of breath, will plan for repeat nuclear stress test to assess for new or recurring ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient w hx of CAD and stent having occasional chest pain, left arm heaviness & numbness. Fatigue. Unable to walk tm due to knee injury; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient's cardiologist is requesting nuclear with exercise as patient says he should be able to walk; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PER MD;;;He has coronary artery disease with hx of 3 vessel bypass. He wore a monitor which showed 5 beats of NSVT. We will get him a chem MPI and refer to EP for EP study.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pertinent history includes: CABG, T2DM, HTN, HLD, GERD. Other past medical history is noted below. ; ;53 yo M, states he stopped taking all medications for the past 2 to 3 years because he felt like he no longer needed them. He currently reports sharp, ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt has history of PAD, HDL COPD;Chest Tightness, Shortness of breath with chest tightness.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt having Chest Pain with shortness of breath. Also has history of Hypertension as well as Hyperlipidemia.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt in clinic with shortness of breath with chest pain. As well as palpitation which also causes chest pain. Pt is also obese & Hypertensive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt is having papitations with chest pain & shortness of breath. Also complains of dizziness. With a strong family history of CAD; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt is in critical condition, this is urgent request; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt was seen in consult in ER for shortness of breath. EKG showed left BBB. BP was extremely elevated. Pt was in respiratory distress.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recently in hospital for Non STEMI type II in the setting of acute decompensated heart failure; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's chronic right hip pain, currently on therapy.. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to moderate exertion, bilateral leg pain secondary to fibromyalgia, difficulty ambulating. Rule out underlying; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's psoriatic arthritis affecting upper and lower extremities limiting his ability to do physical activity. Rule out underlying ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's severe dyspnea on mild exertion. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation to rule out underlying ischemia. Due to syncope near syncope the patient is unable and not safe to perform a standard treadmill stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	REG TMST SUBMAXIMAL DUE TO INABILITY TO GIVE ENOUGH INFORMATION ON TREADMILL.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Schedule Lexiscan Cardiolite nuclear medicine imaging. She is unable to effectively walk on the treadmill due to limited joint mobility from chronic arthritis and currently experiencing significant dyspnea with minimal exertion, decreased activity tolera; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	She reports chest discomfort under her breast. She describes her pain as "sharp and dull". Notes that couple of nights ago her pain radiated to neck. She reports associated nausea, sweating, and shortness of breath. The patient has a family history of hea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	st depression; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient is a white male who has had pleuritic chest pain for years. He has exertional chest pain once 3 months. He has tachycardia. He has been having angina with smoking.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via BBI.; The ordering MDs specialty is Cardiology; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs speciality is Cardiology; The patient is On continuous oxygen therapy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a history of Coronary Artery Bypass Surgery (CABG); When the last Myocardial Perfusion Imaging procedure was performed is unknown	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a documented ejection fraction of less than or equal to 40%; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a permanent pacemaker or Automatic Implantable Cardioverter/Defibrillator (AICD); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	51	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	27	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	106	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	108	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This patient is experiencing left arm pain as well as jaw pain. she has a significant history of CAD, dyslipidemia, stents and hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	THIS PATIENT IS INABLE TO WALK DUE TO ARTHRITIS AND A RECENT BROKEN ANKLE.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	unable to walk on treadmill due to ortho issues and doe/sob; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	We were unable to get a PA for the nuc. Now the patient has had a stress echo that was non diagnostic due to suboptimal exercise capacity. Her hx includes dizziness and episodes of near syncope, SOB, abnormal ekg. She is a diabetic with a family hx of C; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Will fax clinicals; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Will schedule exercise stress MPI for further risk factor modification due to multiple cardiovascular risk factors including underlying CAD, hypertension, diabetes mellitus, dyslipidemia, morbid obesity, family history of premature coronary artery disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are not EKG findings consistent with cardiomyopathy or myocarditis.; There are no stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; There are not abnormal laboratory findings consistent with cardiomyopathy or myocarditis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>AFIB with shortness of breath & chest pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Aortic valve thickened with moderate aortic stenosis (Vmax=3.43 m/s; Mean gradient 29 mmHg; DI=0.33;; Edema of both lower extremities; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>CHEST PAIN, PALPITATIONS, DYSPNEA; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Chest Pain; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Chest Pain; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>chronic systolic heart failure;Symptomatically worsening. We will have to reevaluate with repeat echocardiogram, pharmacologic stress test since he would not be able to walk, also we have to switch atenolol to metoprolol succinate. We will also check BMP; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>dyspnea on exertion/chest tightness, pressure and angina/family history of coronary artery disease/systolic ejection murmur; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Dyspnea on exertions; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>EKG sinus rhythm in the 70s. There are very mild nonspecific ST and T-wave changes.;46-year-old gentleman referred for initial office visit.. He has a history of ascending thoracic aortic aneurysm. Recent CT measured this to be 3.7 cm. He is also compl; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Enter answer here chest pressure and tightness with any exertion. Has orthopneic type symptomatology. Grade 2-3/6 murmur.- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Evaluate Fontan RV Size/Function, Glenn Flow; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Evaluate Fontan RV Size/Function, Glenn Flow; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Family History of cardiac disease.;Pt continues to have chest pain. With history of S/P MI & PCI to the mid LAD; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Heart murmur; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Heart murmur; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Monoallelic mutation of FLNC gene and cardiomyopathy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Mr. Irons is a 50-year-old male who presents with complaints of syncope that has happened 7-8 times with the last one 3 weeks ago. He also complains of shortness of breath with mild to moderate exertion. He denies any chest pain symptoms. He does have ; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Ms. McCan is establishing care. Recurrent episodes of palpitations and dizziness and SOB with no reported syncope. Has quit smoking and is wearing a patch.;Atypical chest pain; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Near syncopal episodes: new onset; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Ordering these test for SOB,Palpitations with DM as risk factors; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Patient complains of shortness of breath with exertion; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Patient complains of shortness of breath with exertion; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Patient had an episode of some palpitations, lightheadedness and irregular heartbeat. Holter monitor shows multiple findings, including multiple episodes of SVT, longest lasting for half a minute. Morphology of all episodes reviewed, some episodes show re; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>PATIENT HAS SHORTNESS OF BREATH CANNOT WALK MORE THAN A BLOCK AT THIS TIME; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Pertinent history includes: CAD, ventricular arrhythmia and tobacco use. Other past medical history is noted below. ; He was last seen on 8/1/2023. Reported lower extremity edema which had been ongoing for 2-3 years. Also had shortness of breath. ; ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Possible left ventricular hypertrophy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to known or suspected cardiomyopathy</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Possible left ventricular hypertrophy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to known or suspected cardiomyopathy</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Pt having Chest Pain with shortness of breath. Also has history of Hypertension as well as Hyperlipidemia.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>pt having pain as well as lower leg edema.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Pt in clinic today as new pt. Having Chest Pain Shortness of breath equivalent Angina Pectoris.;As well as dizziness with near syncope.; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Pt is having papitations with chest pain & shortness of breath. Also complains of dizziness. With a strong family history of CAD; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Pulmonary valve stenosis s/p;Alterra/Sapien; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 3 months or less since the last echocardiogram.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>She does have risk factors for coronary disease. She is continuing to complain of palpitations as well as dyspnea and chest pain. Attempts had a exercise treadmill stress test in the past have been unsuccessful as she was able to walk for only less than ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	She has no significant history. She started having some palpitations during her second trimester of pregnancy. She had a holter monitor which was unremarkable but she did not wear it for more than a day due to issues with adhesive. She says the palpitation; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	She has no significant history. She started having some palpitations during her second trimester of pregnancy. She had a holter monitor which was unremarkable but she did not wear it for more than a day due to issues with adhesive. She says the palpitation; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Spongiform cardiomyopathy(left ventricular non compaction) with mildly diminished LV function based on echocardiogram.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Structural disease.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Structural disease.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>sycnpe and collapse in pediatric patient. echo ordered by pediatric cardiologist; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Tetralogy of fallot; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Tetralogy of fallot; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram</p>	58	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.</p>	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for possible or known pulmonary embolism.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for possible or known pulmonary hypertension.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for Sickle Cell Disease</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed confirm chest pain was of cardiac origin</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)</p>	19	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF); The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	31	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.</p>	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.</p>	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.</p>	20	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.</p>	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	31	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 3 months or less since the last echocardiogram.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.</p>	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.</p>	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	43	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	44	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	45	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.</p>	58	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.</p>	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.</p>	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.</p>	20	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	36	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	37	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	38	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	146	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	147	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	50	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.</p>	132	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.</p>	133	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	375	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	376	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	36	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	145	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.</p>	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.</p>	375	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; It is unknown if there is known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less</p>	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was 6 months ago or less; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.</p>	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study</p>	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.</p>	28	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.</p>	115	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.</p>	14	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed more than 6 weeks ago; Congestive heart failure best describes the reason for ordering this study</p>	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study</p>	45	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	130	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	131	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	53	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	54	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Undergoing chemotherapy best describes the reason for ordering this study	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	21	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>1. Mixed hyperlipidemia - E78.2 (Primary) ;;2. Elevated blood pressure reading without diagnosis of hypertension - R03.0 ;;3. Bradycardia - R00.1 ;;4. Anginal equivalent - I20.8; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>AFIB, SHORTNESS OF BREATH, LEF EDEMA; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>BRANCH RETINAL ARTERY OCCULSION; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>Cerebrovascular accident (CVA), unspecified mechanism; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>Post operative afib, s/p Bentall reconstruction and LAA ligation; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>TAVR surgery work up; severe aortic stenosis; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.</p>	39	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.</p>	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.</p>	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; It is unknown when the primary symptoms began</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>AFIB, SHORTNESS OF BREATH, LEF EDEMA; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>Patient has history of MI and Stent. Here for annual check-up. Need test to evaluate current state of arteries and progress in recovery.; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations</p>	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology; The health carrier is NOT HealthNet of California</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology</p>	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a Body Mass Index (BMI) greater than 40; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has been performed recently; It's been less than 1 year since the last cardiac testing was completed</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	159	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	160	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Approval	<p>93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Assessment of paroxysmal atrial fibrillation; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Flattened septum consistent with RV pressure/volume overload. RV dilation!; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	chest pain not improved with anti-inflammatory; This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of tuberculosis or fungal infection.; There is no radiologic evidence of a lung abscess.; There is no radiologic evidence of pneumoconiosis.; There is no radiologic evidence of asbestosis.; This is a request for a chest MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	abnormal echo on 09/13/2023. borderline hypertrophied right ventricle, moderately dilated right ventricle, main & branch pulmonary arteries could not be visualized, inadequate tricuspid regurgitant jet to estimate right ventricular pressure; This is a request for an MR Angiogram of the chest or thorax	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI needed to see his branch pulmonary arteries, aortic root ;Periodic surveillance; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has extremely low bone density takes calcium regularly; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered a hip replacement surgery.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	MRI needed to see his branch pulmonary arteries, aortic root ;Periodic surveillance; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This Heart MRI is being requested for Other	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	CHEST PAIN, PAROXYSMAL SVT, PALPITATIONS; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, high CAD risk, not treadmill candidate; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	HYPERTENSION, OBESITY, CHEST PAIN; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	none; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Palpitations, family history of cardiovascular disease; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	shortness of breath, COPD, palpitations, chest heaviness, hyperlipidemia; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	31-year-old female referred to myself due to hypertension, tachycardia.; Patient states that since May of this year she has been experiencing episodes where her heart races faster than not, feels significant chest pains, describes it as at pressure; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	DOE, morbid obesity, hx or Rocky Mtn Spotted Fever;; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnShe reports having episodes of chest discomfort. 2 weeks ago she was at work and she was walking and she developed chest discomfort that was quite intense and radiated up her jaw. She rested and her symptoms got better wit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Pt in with complaints of CP,SOB,Palpitations, Lower leg edema; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	sob on exertion; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	7	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had another study not listed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	36-year-old female with a past medical history of morbid obesity, hypertension, sleep apnea, GERD referred by bariatric surgery to myself for preoperative cardiac risk assessment for upcoming weight loss surgery.; Patient is unable to do much, does; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	46-year-old male with a past medical history of depression, hypertension here for follow-up for palpitations.; Patient recently had an episode where he felt lightheaded and dizzy and felt he would pass out, went to ER where he was recommended to ha; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	50-year-old female with past medical history of hypertension, morbid obesity, obstructive sleep apnea on CPAP, GERD, hypertension, diabetes mellitus type 2 referred by bariatric surgery to myself preoperative evaluation for weight loss surgery.; Pa; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	50-year-old male with past medical history of hypertension referred to myself for complaints of bradycardia/PVCs. Patient complaints of fatigue, light headedness, chest pain, SOB, no syncope. Pt. not very active, currently on disability.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	52 yo M with recent onset of HTN, anxiety here following recent ER visit. Patient states he has a panic attack for which he went to ER for further evaluation, now here to followup with myself.; Patient at the time also had some chest pains, blood p; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	BMI 39.77 Index; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	BMI: 40.42 Index ;Sinus Bradycardia Low voltage in precordial leads. -Poor R-wave progression -may be secondary to pulmonary disease ABNORMAL; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Due to her RA, she is unable to walk on treadmill; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	HPI: ; 56-year-old female with past medical history of hypertension, hyperlipidemia here to establish cardiac care with myself.; complains of CP+, SOB, left sided, pressure like.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	HPI: ; Mr King is a 61 year old male here in follow up. Originally referred for shortness of breath. Stress echo 11/2020 was negative for ischemia with LVEF 55-60%. Echo at HRMC 10/2020 showed mild to mod AI. Repeat echo AHH 11/2021 normal LVEF, i; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	HPI: ; Mr. Hall is a 34 year old male here to follow up. Previously seen by Dr. Rollefson. He has a history of Cerebral Palsy, HTN, and heart murmur. Echo 12/2021 showed LVEF 60-65%, mild TR.; Echo 9/2022 showed NL LV fx, mild MR, and mild TR; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	HPI: ; Ms. Olmstead is a very pleasant 55 year old post menopausal G2P2002 lady (owns funeral home) with significant history for elevated CAC score (1.4, 79th percentile in 11/2020), T2DM/NIDDM, asthma, COVID-19, cataracts, arthritis, and family h; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	HPI: ; Pt here for followup of bradycardia and dilated cardiomyopathy. He complains of chest pain. It is intermittent over the last few months. He will have his st. jude medical pacemaker interrogated in the office today.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Hx Dyslipidemia, HTN is here for pre-op clearance for gastric bypass;;uses cane for ambulation. unable to achieve 4 METS at baseline. surgery.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Ms. McEntire presents as a new patient referred by ARcare for palpitations; She reports palpitations for several months, lasting 2-3 minutes, improves with coughing; She also notes intermittent chest discomfort, at rest and sometimes with dy; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	No TMST due to COPD and DDD; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	No TMST due to severe leg pain of unclear etiology; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Patient has COPD; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	She c/o mid chest tightness, pressure, on exertion, no radiation, hypertension, SOB, dizziness, nausea, relieved by rest. No orthopnea, PND, SOB, DOE. No cig, occasional EtOH. FH(+) grand mother had MI, mother had HTN and Afib. She vapes. No HTN, DM, HLD.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via BBl.; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Thomas Hednerson is a 51 y/o male with a Hx of AF, HLD, HTN and is a smoker. Pt c/o palpitations, syncope, and angina of effort. Pt reports having "elevated heart rate, arm pain, episodes of dizziness and syncope." Pt's PCP, Dr. Barry, thought syncopal ep; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Ischemic cardiomyopathy - I25.5 (Primary) ;;2. CAD in native artery - I25.10 ;;3. S/P CABG (coronary artery bypass graft) - Z95.1 ;;4. HTN (hypertension) - I10 ;;5. HLD (hyperlipidemia) - E78.5 ;;6. DM (diabetes mellitus) - E11.59 ;;7. Clau; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	43 yo female with Htn here for f/u.; For the past 2 years c/o chest pain and DOE. Progressive. Initially better with treatment of anemia but now persistent.; Also c/o LE pain and mottled skin.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	AFIB with shortness of breath & chest pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Aortic valve thickened with moderate aortic stenosis (Vmax=3.43 m/s; Mean gradient 29 mmHg; DI=0.33;; Edema of both lower extremities; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Brief episodes of nonsustained VT on Holter monitor. History of palpitation with lightheadedness or dizziness before his first presentation.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain and dizziness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain with known CAD with mid LAD 50% stenosis: ;-Increase episodes of angina with stress; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, hypertension, bmi of 32, abd ekg, diabetic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, high CAD risk, not treadmill candidate, hypertension, to assess the LV systolic function, to rule out ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest tightness and pressure with exertion;left carotid bruit and 2/6 systolic ejection murmur heard best at the aortic area; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	dyspnea on exertion/chest tightness, pressure and angina/family history of coronary artery disease/systolic ejection murmur; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Dyspnea on exertions; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	EKG sinus rhythm in the 70s. There are very mild nonspecific ST and T-wave changes.;46-year-old gentleman referred for initial office visit.. He has a history of ascending thoracic aortic aneurysm. Recent CT measured this to be 3.7 cm. He is also compl; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UJacob S Stoddard is a 44 y.o. male who presents to establish care for chest pressure, dyspnea, legs swelling, sweating and fatigue. ; ;CHEST PAIN ;Duration; two months. ;Course since onset: intermittent;Location: retro; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown I Corey Hooper is a 42 y.o. male who presents to an establish care. ; ;Pertinent history includes: none. Other past medical history is noted below. ; ;Today he reports shortness of breath on exertion. Feels fatigu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UThis patient has a direct family history of CAD, he is diabetic with HTN and abnormal lipids. We need to rule out cardiac perfusion issueS. With his Copd he is unable to walk treadmill for study.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here chest pressure and tightness with any exertion. Has orthopneic type symptomatology. Grade 2-3/6 murmur.- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Dyspnea on exertion/angina, systolic ejection murmur, hypertension, work effort intolerance- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Established care with Dr Pelton after an ER visit for Chest pain. Troponin and CXR were unremarkable. EKG with LVH. Has history of HTN. Smokes MJ but no tobacco. Former smoker. Family history of CAD- mother. Paternal Uncle died of CVD.; ;Here for routin; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	EVAL CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Evaluation of chest pain, dyspnea, palpitations. pt presents today for cardiac evaluation of chest pain, dyspnea, and palpitations. She has no known cardiac history but reports a strong family hx of CAD including both of her parents. For the past 3 months; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Family History of cardiac disease.;Pt continues to have chest pain. With history of S/P MI & PCI to the mid LAD; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	female who presents for new patient evaluation. She was referred by her PCP for chest pain. She reports intermittent left shoulder and chest pain. The left shoulder pain is fairly constant but the chest pain is intermittent and she describes this as press; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	He complains of chest pain that typically occurs before he goes to work. He works as a chef. Does not have chest pain when he is active working as a chef. He has diabetes its been poorly controlled. He has improved his A1c from 14-10. He has diabetic neur; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	HPI: ; Ms. Mitchell is a very pleasant 45 year old G5P3023 menstruating lady (unemployed) with significant history for HTN, menorrhagia (no Gyn) and OSA (no using CPAP), followed by Dr. Meador, referred for tachycardia and chest discomfort. At the; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	I recently saw him in consult when he presented to the ER with shortness of breath associated with audible wheezes, hypertensive, tachycardic, and elevated troponin, here today for a follow up. He had a CABG and valve replacement with Dr. Michael Bauer a; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	MIA, ATRIAL FIB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Near syncopal episodes: new onset; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ordering these test for SOB,Palpitations with DM as risk factors; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	palpitations and left sided chest discomfort radiates into neck with exertion also reports dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient had an episode of some palpitations, lightheadedness and irregular heartbeat. Holter monitor shows multiple findings, including multiple episodes of SVT, longest lasting for half a minute. Morphology of all episodes reviewed, some episodes show re; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has a history of hypertension, tobacco abuse, family history of CAD. He is having shortness of breath and chest pain/heaviness on minimal exertion along with intermittent dizzy spells.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PATIENT HAS A PACEMAKE, LAST PASEMAKER CHECK DONE AUGUST 17 2023 SHOWED NEW EPISODES OF NSVT. 7 EPISODES IN TOTAL; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has chest pain with angina as well as sob. Patient has difficulty walking or climbing stairs so doing a treadmill would not work. no stress echos within 60 mile radius.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has chest pain, shortness of breath, history of coronary artery disease with previous stent, hypertension, hyperlipidemia, and obesity.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has multiple risk factors for CAD including, hypertension, obesity, smoking history, type 2 diabetes, and high cholesterol. She is having substernal chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has ongoing issues with chest pain and syncope. Multiple ER visits with no answers. She has a family history of CAD, she is an ex smoker. We need to rule out perfusion abnormalities and check her with ultrasound for systolic dysfunction.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PATIENT HAS SHORTNESS OF BREATH CANNOT WALK MORE THAN A BLOCK AT THIS TIME; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is having exertional chest pain with shortness of breath. ECG shows inferior and lateral ST and T wave inversions and depressions. Symptoms are predictable. Coronary risk factors include strong family history, hypertension, hyperlipidemia, diab; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient reports chest pain but reports no chest pressure, no lightheadedness, no dyspnea on exertion, no fatigue, no leg edema, no syncope, no orthopnea, no palpitations, no PND, and no shortness of breath; + L arm pain & neck pain. She reports fatigue/ma; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient states on 8/18, she was getting ready for work when she suddenly developed a dull-sharp pain that progressed into "electrical shocks" with pain radiating to axilla, each episode lasts a few seconds. She had associated dry heaving, mild dyspnea, di; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with diabetes, dyslipidemia, hypertension, smoking history, and family history having complaints of chest pain with exertion associated with shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pertinent history includes: HTN with LVH. Other past medical history is noted below. ; ;She was last seen on 3/30/2022 by Wells, Terri G, NP. The patient was doing well from a cardiovascular standpoint. ; ;Today she reports chest pressure constantly t; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt is post cadg; dyspnea on exertion; bilateral lower extremity edema; pt has atrial fibrillation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt having more shortness of breath. Chest pain. Also more chest discomfort & shortness of breath also fatigues easily.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt having pain as well as lower leg edema.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt having SOB with palpitations. Also has significant risk factors.;Former Smoker,DM2, & COPD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt in clinic today as new pt. Having Chest Pain Shortness of breath equivalent Angina Pectoris.;As well as dizziness with near syncope.; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt is new to clinic with CP,SOB Palpitation,as well as dizzines with near syncope.; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using exercise. Rule out underlying ischemia. Imaging is necessary given abnormal baseline EKG and higher accuracy.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using exercise. Rule out underlying ischemia. Imaging is necessary given abnormal baseline EKG and higher accuracy.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's activity limiting degenerative disease of the lumbar spine with right-sided sciatica. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild exertion. Rule out underlying ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to moderate exertion, severe chronic right hip pain with difficulty ambulating.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recurrent chest pain in the patient at intermediate risk for having coronary artery disease likely indicative of angina.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Requesting urgent MPI for patient who may have anginal equivalent symptom ischemic heart disease. Cannot walk on treadmill due to pain in lower extremities and SOB on exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She does have risk factors for coronary disease. She is continuing to complain of palpitations as well as dyspnea and chest pain. Attempts had a exercise treadmill stress test in the past have been unsuccessful as she was able to walk for only less than ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She has a history of non-insulin-dependent diabetes mellitus, hypertension, hyperlipidemia and family history of coronary artery disease in her mother who had a coronary artery stent.;l asked her if she would be able to walk on the treadmill but because ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She presented to ED on 9/10/23 after going on a motorcycle trip with boyfriend. She c/o peripheral edema, blue feet, fatigue, difficulty speaking/tingling and chest pain. She had a normal chest CT and CXR, labs/troponin and EKG all unremarkable for card; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	substernal chest pain with diaphoresis and dyspnea relieved with nitro;;hypertension;bmi 38.6;hx of SVT; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	THE PATIENT IS DIABETIC WITH RISK FACTORS AND FAMILY HISTORY OF CORONARY HEART DISEASE, THIS TEST WILL HOPEFULLY CONFIRM OR RULE OUT THAT PATIENT DOES NOT HAVE CORONARY HEART DISEASE.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ther patient has known pulmonary htn and CKD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Circumflex	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	urgent case, patient critical condition; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	76 y/o female presents today for c/o chest pain. Pt denies Hx of cardiac work-up. Pt notes she was prescribed muscle relaxant and pain has decreased, she also notes she is active around house and in yard so there is a possibility of it being muscle pain V; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	chest pain on exertion and shortness of breath when walking; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Chest pain, new onset, with associated dizziness and nausea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Daily chest discomfort that radiates across her lower breast as well as shortness of breath with ambulation.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UMr. Tilley is a 48 yo with a history of OSA, GERD, and hyperlipidemia. He is a referral from Dr.Trauth to establish care due to a strong family history of heart disease at a young age and recent chest pain. His main concern; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnShe reports having episodes of chest discomfort. 2 weeks ago she was at work and she was walking and she developed chest discomfort that was quite intense and radiated up her jaw. She rested and her symptoms got better wit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here #1 angina: She was had an episode of chest discomfort. Was rather prolonged. Describes a fullness or pressure in the left side of her chest. Lasted for about 20 or 25 minutes. Was rather intense. Some radiation to her left shoulder.- or ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here Dyspnea on exertion/angina, systolic ejection murmur, hypertension, work effort intolerance- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	HTN;Edema;Chest Pain;Shortness of breath; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	I recently saw him in consult when he presented to the ER with shortness of breath associated with audible wheezes, hypertensive, tachycardic, and elevated troponin, here today for a follow up. He had a CABG and valve replacement with Dr. Michael Bauer a; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Patient has ongoing issues with chest pain and syncope. Multiple ER visits with no answers. She has a family history of CAD, she is an ex smoker. We need to rule out perfusion abnormalities and check her with ultrasound for systolic dysfunction.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Pt has history of PAD, HDL COPD;Chest Tightness, Shortness of breath with chest tightness.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	pt having more shortness of breath. Chest pain. Also more chest discomfort & shortness of breath also fatigues easily.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Pt having SOB with palpitations. Also has significant risk factors.;Former Smoker,DM2, & COPD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Pt is new to clinic with CP,SOB Palpitation,as well as dizzines with near syncope.; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Myocardial Perfusion Imaging has been completed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	22	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	32	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 weeks or less ago; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL; It is unknown when the primary symptoms began	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	heart failure and pulmonary hypertension; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	BRANCH RETINAL ARTERY OCCULSION; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Exercise stress echocardiogram to assess the patient's exercise tolerance in a controlled medical setting. This study will serve to guide the patient in terms of what level of physical activity that he may be able to undertake and adopting an exercise re; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	19	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological ly induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological ly induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary It is unknown if there are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Dermatology Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Dermatology Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Dermatology Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Dermatology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Dermatology Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Increased pain, swelling from elbow down. Bruising traveling from elbow down. Unable able to make a fist.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	1. Bilateral shoulder rotator cuff arthropathy;2. History of cervical degenerative disc disease; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	1. Bilateral shoulder rotator cuff arthropathy;2. History of cervical degenerative disc disease; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	MUSCULOSKELETAL: Examination of the right knee reveals full range of motion of the right knee, although there is anterior knee pain in the extremes of motion. The knee is stable to valgus and varus stress. Limited exam secondary to guarding and pain t; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Hip pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Doctors and Rehabilitation	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pt has been going to a chiropractor and getting steroid injections for several months with no improvement.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has been going to a chiropractor and getting steroid injections for several months with no improvement.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Left shoulder: ; 48 year old male presents with c/o Pain. c/o duration since 3/24. c/o Injury. c/o painful arc test. ; Denies : Prior treatment. Denies : PT being done but ordered in clinic. Denies : hx of previous surgery. ; Associa; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abd pain with nnausea and vomiting-possible ulcer; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Green, Jason presents for evaluation and management. He is an established patient. He complains of;exacerbation of for more than six weeks, not being managed with activity modification, home exercise program,;over the counter NSAIDs and current pain med; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Green, Jason presents for evaluation and management. He is an established patient. He complains of;exacerbation of for more than six weeks, not being managed with activity modification, home exercise program,;over the counter NSAIDs and current pain med; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hip pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; A diagnostic imaging procedure not listed has been previously conducted.; The pain is in the Lower abdomen	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Thyroid cancer, assess treatment response;Thyroid cancer, monitor;Thyroid cancer, staging;follicular thyroid cancer, see history below;;Left Follicular thyroid carcinoma with foci of poorly differentiated carcinoma on the left lobe with extensive lym; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	Thyroid cancer, assess treatment response;Thyroid cancer, monitor;Thyroid cancer, staging;follicular thyroid cancer, see history below;;Left Follicular thyroid carcinoma with foci of poorly differentiated carcinoma on the left lobe with extensive lym; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Endocrinology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	70490 Computed tomography, soft tissue neck; without contrast material			1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material			1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is Crohn's disease.; The patient is on medication for this condition; The patient's symptoms are worsening; The ordering provider's specialty is Gastroenterology.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Other not listed best describes the reason for this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI; The primary symptoms began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Alcoholic cirrhosis of liver with ascites; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); GI Bleed; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); pancreatic insufficiency; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan and ultrasound have been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Gastric cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is infection based on symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	No prior imaging has been conducted; Persistent pain best describes the reason for this procedure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	None of the above best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Pre-procedure evaluation best describes the reason for this procedure.; The patient will have a procedure that is not listed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Pre-procedure evaluation best describes the reason for this procedure.; The patient will have an endoscopy.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The ordering provider's specialty is NOT Surgery; An ultrasound has been previously conducted.; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Diverticulitis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The patient is on medication for this condition; The patient's symptoms are worsening; The ordering provider's specialty is Gastroenterology.; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Crohn's disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	LUQ pain, elevated liver enzymes, weight loss; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	steatohepatitis; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ABNORMAL LIVER FUNCTION; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); IRON DEFICIENCY ANEMIA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI study has been previously conducted.; Bile duct stone best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	steatohepatitis; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gastroenterology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Considering patient persistent headache with pain behind the right eye was not before the injury patient is to have CT scan done to find out any internal bleeding; medication reconciliation done. refill done on medications as required. risk and benefits ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt is experiencing shortness of breath and a right lung mass was seen with x-ray.;; Pt is experiencing new daily headaches that are worsening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is a Medicare member.; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	unknown; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Enter answer here - or Type In Unknown If Patient presents for short cycle follow up after being seen yesterday in our clinic for right eye pain. She reports the pain became increasingly worse overnight and this morning and is no associated with some redn; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient had a recent abnormal auditory brainstem response.; The patient had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown IfHaving issues with his sinuses. Had polyps removed and about 2 weeks afterwards had epistaxis. Had to be repacked after this. Has done well until now with yellow rhinorrhea. This was about 2 weeks ago. No Inf; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	unknown; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient has hx of aneurysm with no recent imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt has history of CVA, worsening symptoms over the past 2 weeks. Severe exacerbation, dysarthria, momoparesis of right upper limb.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with first degree family member having aneurysm best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt has history of CVA, worsening symptoms over the past 2 weeks. Severe exacerbation, dysarthria, momoparesis of right upper limb.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Mydriasis;;Retinal hemorrhage, left eye;;Intermittent exophthalmos, right eye;;Recommended for CT/MRI Scan Per Vance Vision Clinic on 9/12/2023.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Ultrasound shows abnormality.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Unknown; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis); It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Visual disturbance, memory deficit; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	EEG with generalized cerebellar dysfunction; recent episode of transient global amnesia.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pt is having dizziness assumed to be cervical spine related. However, patients neurosurgeon insists on having vascular study of the brain before doing ESI; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	to rule out aneurysms; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Mydriasis;;Retinal hemorrhage, left eye;;Intermittent exophthalmos, right eye;;Recommended for CT/MRI Scan Per Vance Vision Clinic on 9/12/2023.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Scans are needed to follow up on and further evaluate findings from CT scans done while she was inpatient; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; It is unknown if the patient had a Brain MRI in the last 12 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	50	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	20	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Bell's Palsy.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score is unknown	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown if there has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has NOT been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Visual disturbance, memory deficit; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; This Interstitial Lung Disease is suspected; The chest x-ray was abnormal	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	14	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	45	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Interval development of 14.5 mm irregular nodule in the superior ;segment left lower lobe. Adjacent groundglass opacity and additional ;tiny nodules favoring nodular infiltrate. Short-term three month CT follow-up recommended for clearing; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; Abnormal finding on physical examination was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had a recent CT ABD/Pelvis scan that showed suspicious pulmonary lesions. Need CT scan of chest to specifically identify imaging and conclude issues.; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt is experiencing shortness of breath and a right lung mass was seen with x-ray.; Pt is experiencing new daily headaches that are worsening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Scans are needed to follow up on and further evaluate findings from CT scans done while she was inpatient; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for vascular disease other than cardiac.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	23	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	164	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	44	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	DYSPNEA; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	PULMONARY EMBOLISM;PHEUMATOSIS INTESTINALIS OF SMALL INTESTINE; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	23	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Will fax clinicals, if required.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	rule out possible spinal fracture, since she found herself in the floor after apparently passing out; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for none of the above.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	rule out possible spinal fracture, since she found herself in the floor after apparently passing out; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	There is moderate dextroscoliosis centered at T7. No displaced fracture;is identified. Mild multilevel discogenic DJD subselected throughout the;thoracic spine. If there is significant clinical concern for an acute;abnormality, CT would be more sensi; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Ataxia or coordination problem ;Ataxia, nontraumatic, cervical pathology suspected; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt has now completed PT, total of 6 visits with treatment very conservative due to severity of symptoms. Also Chiropractic care has also been done regularly over the past 5 weeks. Both treatment regimens have not give any relief and further symptoms inc; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	See notes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	spinal stenosis, DDD, low back pain, lumbar radiculopathy, chronic neck pain, neuropathy, cervical radiculopathy; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	TWO EMG DONE, MED DID NOT HELP, PT DID NOT HELP; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Ataxia or coordination problem ;Ataxia, nontraumatic, cervical pathology suspected; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.;	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Known Tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PT HAS A HISTORY OF SPINE SURGERY AND MEDICATION THERAPY. pT IS EXPERIENCING FALLS. NEURO EXAM SHOW WEAKNESS IN THE CERVICAL AND LUMBAR REGION; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has now completed PT, total of 6 visits with treatment very conservative due to severity of symptoms. Also Chiropractic care has also been done regularly over the past 5 weeks. Both treatment regimens have not give any relief and further symptoms inc; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is General/Family Practice	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	58	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	59	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	13	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	29	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient had an Abnormal EMG (Electromyography); This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	TWO EMG DONE, MED DID NOT HELP, PT DID NOT HELP; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Pt has to suspicious lumps in the groin area.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	She had a fall;Went to er;She has a fracture;Cracked rib;Possible pelvic fracture; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has abnormal uterine bleeding; The patient had a previous Ultrasound.; The ordering provider's specialty is NOT OB/Gynecology, Surgery or Surgical Oncology.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Persistent pain best describes the reason for this procedure; The patient did physical therapy.; Less than 4 weeks of conservative treatment was completed.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is NOT Urology, Hematologist/Oncologist, Radiation Oncology or Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; It is unknown if a biopsy is planned	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	worsening abd pain since hysterectomy in 1980's all labs and previous colonoscopy unremarkable; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	BIL Shoulder pain and decreased ROM that continues after greater than 6 weeks conservative treatment. No abnormalities noted on xrays.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PT FELL FROM TREE POSSIBLE TORN BICEP MUSCLE; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt followed up and still no improvement with pain, popping, or swelling. She states the pain now goes up to her elbow and into her fingers. She has worn a wrist brace for 3-4 weeks.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received medication other than joint injections(s) or oral analgesics.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	17	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	pt is still having pain in the right ankle. Hard to bare weight on the right foot. medication isn't helping.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	10	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	16	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	PAIN; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Pt presented in clinic with severe pain to both hips, barely can walk with assisted with walking cane. Xray was ordered as well as referral to orthopedics; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PULMONARY EMBOLISM;PHEUMATOSIS INTESTINALIS OF SMALL INTESTINE; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	13	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); continuous left lower quad abdominal pain; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); none; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	34	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	21	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	21	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	21	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	13	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	40	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan and ultrasound have been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan and ultrasound have been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was inconclusive; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.; The ordering provider's specialty is NOT Surgery, Surgical Oncology, Urology, Hematology/Oncology, Gynecologic Oncology, Obstetrics & Gynecology, OB/Gynecology or Colon & Rectal Surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	worsening abd pain since hysterectomy in 1980's all labs and previous colonoscopy unremarkable; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was normal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had another study not listed	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	follow up breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Lifetime risk of 33% using Tyrer Cuizak Model, one maternal aunt diagnosed with breast cancer at 47, one paternal aunt diagnosed with breast cancer at 34 and one paternal aunt diagnosed with both breast and ovarian cancer at 50.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	New cancer diagnosis; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Supplemental breast cancer screening, dense breasts, high risk (Female greater than 18y) ;heterogenously dense breasts; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.; The health carrier is not Maryland Physicians Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	19	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Abnormal EKG, Acute angina, Current smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	c/o chest pain in mid chest like a pressure w assoc s/s. pt awakens at hs w sob, forcing him to arise w delayed recovery of easy breathing. no dep edema; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	complains of fatigue, no energy, chest pains; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	premature ventricular contraction; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	stable angina, will upload ekg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body	It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is for a PET Scan with an Other Tracer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	stable angina, will upload ekg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; It is unknown if this is an initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	10	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to known or suspected cardiomyopathy</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.</p>	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	21	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.</p>	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	21	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to known or suspected cardiomyopathy</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.</p>	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Congestive heart failure best describes the reason for ordering this study</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>shortness of breath; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; ; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Provider wants an MRCP first; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	36	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	17	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	Considering patient persistent headache with pain behind the right eye was not before the injury patient is to have CT scan done to find out any internal bleeding-;medication reconciliation done. refill done on medications as required. risk and benefits ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX IN, BYPASSED CLINICALS; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	patient has hx of aneurysm with no recent imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	persistent migraines with aura failed treatment mra to assess further; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Neck MR Angiography.; The patient has dizziness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the patient had carotid (neck) artery surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is suffering from severe pain in his neck and back. He was recently seen by a neurosurgeon and it was determined that the patient needs to complete these MRI's to determine the main area of concern and if surgical intervention is needed. The patie; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	seizure disorder reportedly had several seizures in 2017. He was found to have a cyst on his brain and subsequently underwent brain surgery to have cyst removed. He reportedly never had followup with neurologist. He denies seizure activity since his surg; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have NOT been ruled out.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack); The patient has NOT had a Brain MRI in the last 12 months	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; It is unknown when the last Brain MRI was performed; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ER follow up and 2 OV for the same issue; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It has been recommended that this is ordered for better quality of life.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She had a fall;Went to er;She has a fracture;Cracked rib;Possible pelvic fracture; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Test needed to determine treatment and next steps.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for vascular disease other than cardiac.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for Screening of Lung Cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 81 years old or older.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	MATERNAL HX OF INTRACRANIAL ANEURYSM (MOTHER PASSED) VARICOUS VEINS WITH EDEMA IN LOWER EXTRMITY. LAST CT ANGIOGRAM DONE OF HEAD IN 2021.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for low back pain. Reason for visit: Pain. The discomfort is most prominent in the left subscapular region. This radiates to the left chest. She characterizes it as constant, aching, dull, and gnawing. The pain level between 1; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient had a MRI of cervical spine that showed a hemangioma on one of her vertebra. Radiologists recommending CT Thoracic for further evaluation; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for low back pain. Reason for visit: Pain. The discomfort is most prominent in the left subscapular region. This radiates to the left chest. She characterizes it as constant, aching, dull, and gnawing. The pain level between 1; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	PT IS IN CONSTANT PAIN THAT IS WORSENING DAILY. PREVIOUS TRADITIONAL AND CONVENTIONAL TREATMENT PLANS HAVE FAILED TO PROVIDE RELIEF TO THE PT.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	radiculopathy; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	fell and has pain in the lumbo sacral region and pelvis, xrays were negative she still has pain was given cyclobenzaprine and short course dialudid for pain she is still having pain form the fall no bruising or deformity at this time, the tenderness still; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; ; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Pain in Left lower limb and weakness, left sided pain radiating down left leg with weakness. Patient has completed Physical Therapy with no improvements.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; decreased strength R quads; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient complaint.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Weakness Billateral; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; We will put her on naproxen, have her stay at light activity, use heat therapy, and we will see her back in 6 weeks for follow-up. She is unable to take meloxicam but states that she takes Aleve on a regular basis without problems.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	deep aching pain in the LLE. Sometimes when she's walking her legs feel like they don't want to hold her up. She also notes recently her whole hands have been tingling. She notes she also has been occasionally dropping things with both hands. The tingling; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He walks with his girlfriend every 2 to 3 days for exercise. He has tried cyclobenzaprine, tramadol, and anti-inflammatories, which did not help.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness and tingling of bilateral upper extremities. Cervical and thoracic pain. History of multiple bull riding injuries; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presenting for PT follow-up. A CT abdomen last year incidentally showed degenerative disc changes in the lower thoracic spine and degenerative facet changes in the lumbar spine. She does c/o chronic cervical pain with pain in RUE, thoracic pain, l; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	persistent spinal problems after diving accident; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS A HISTORY OF SPINE SURGERY AND MEDICATION THERAPY. pT IS EXPERIENCING FALLS. NEURO EXAM SHOW WEAKNESS IN THE CERVICAL AND LUMBAR REGION; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Right lower extremity weakness with back injury; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient had an abnormal xray indicating a complex fracture or severe anatomic derangement of the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient has a neurologic deficit.; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	17	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	21	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	20	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	burning sensation in thoracic spine that moves upward and radiates down his lumbar spine; occasional sharp shooting pains down legs bilaterally; bilateral numbness in toes; had PT without improvement; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness and tingling of bilateral upper extremities. Cervical and thoracic pain. History of multiple bull riding injuries; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 22 year old white male accompanied by his girlfriend presenting today for back pain. He states he was previously in a car accident. He had a compression fracture of his L1 vertebrae in 2020. He also has a compression fracture of T11-12. He st; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is suffering from severe pain in his neck and back. He was recently seen by a neurosurgeon and it was determined that the patient needs to complete these MRI's to determine the main area of concern and if surgical intervention is needed. The patie; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presenting for PT follow-up. A CT abdomen last year incidentally showed degenerative disc changes in the lower thoracic spine and degenerative facet changes in the lumbar spine. She does c/o chronic cervical pain with pain in RUE, thoracic pain, l; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Per CT Report of Chest, Abdomen and Pelvis with Contrast performed on 4/19/2023 There is a well-defined cystic lesion measuring 2.9 x 2.2 cm in the left retroperitoneum interposed between the left kidney and spine, with a small portion of the lesion exten; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	persistent spinal problems after diving accident; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been having chronic mid to low back pain for over 1 year, he has been treated with Meloxicam for pain, but X Rau findings show degenerative changes and possible compression injury. Pt reports that he is not able to stand for long periods of time an; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Right lower extremity weakness with back injury; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	spinal stenosis, DDD, low back pain, lumbar radiculopathy, chronic neck pain, neuropathy, cervical radiculopathy; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.; PT FEELS LIKE SOMETHING IS PULLING HIM WHEN HE IS SITTING AND TRIES TO STAND UP FROM SITTING POSITION.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; ; weak limbs; tingling; right arm tingles and feels numb;right upper extremity with pin and needles sensation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; The pain is present in the lumbar spine and thoracic spine. Pt is having back pain and spasms. Symptoms include leg pain, numbness, tingling and weakness, fatigue, myalgias, gait problem. Pt is obese. The symptoms are aggravated by bending, standing, walk	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; xray show a sclerotic lesion at T9 with pain and stiffness in neck and locking when she turns her head	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; hydrocodone; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; prednisone; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; It is not known if there has been a recurrence of symptoms following surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; ; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms following surgery.; The surgery was more than 6 months ago.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	worsing back pain with new onset of symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	burning sensation in thoracic spine that moves upward and radiates down his lumbar spine; occasional sharp shooting pains down legs bilaterally; bilateral numbness in toes; had PT without improvement; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	deep aching pain in the LLE. Sometimes when she's walking her legs feel like they don't want to hold her up. She also notes recently her whole hands have been tingling. She notes she also has been occasionally dropping things with both hands. The tingling; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He walks with his girlfriend every 2 to 3 days for exercise. He has tried cyclobenzaprine, tramadol, and anti-inflammatories, which did not help.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has completed 5 weeks of physical therapy, still taking Meloxicam; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 22 year old white male accompanied by his girlfriend presenting today for back pain. He states he was previously in a car accident. He had a compression fracture of his L1 vertebrae in 2020. He also has a compression fracture of T11-12. He st; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is suffering from severe pain in his neck and back. He was recently seen by a neurosurgeon and it was determined that the patient needs to complete these MRI's to determine the main area of concern and if surgical intervention is needed. The patie; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Per CT Report of Chest, Abdomen and Pelvis with Contrast performed on 4/19/2023 There is a well-defined cystic lesion measuring 2.9 x 2.2 cm in the left retroperitoneum interposed between the left kidney and spine, with a small portion of the lesion exten; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been having chronic mid to low back pain for over 1 year, he has been treated with Meloxicam for pain, but X Rau findings show degenerative changes and possible compression injury. Pt reports that he is not able to stand for long periods of time an; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	spinal stenosis, DDD, low back pain, lumbar radiculopathy, chronic neck pain, neuropathy, cervical radiculopathy; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is General/Family Practice	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	87	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	29	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	30	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	27	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	58	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	worsing back pain with new onset of symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	fell and has pain in the lumbo sacral region and pelvis, xrays were negative she still has pain was given cyclobenzaprine and short course dialudid for pain she is still having pain form the fall no bruising or deformity at this time, the tenderness still; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient c/o lower abdominal and testicular pain, and retractile testis; scrotal u/s wnl; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	See notes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Bones hurt. She can't eat, she has black spots on her tongue and she has a metallic taste in her mouth. She has lost 7 pounds in one week.;Current symptoms: Reports fatigue, nausea, headache(s) and other;Progression: worsened;Progression over time: 1-2; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The results of the prior x-ray is other not listed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The patient did physical therapy.; The duration of conservative treatment is unknown.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Orthopedic surgery referral and ultrasound was recommended per report. Patient notes that she is still experiencing a persistent sx of ulnar neuropathy of right upper extremity occurring throughout the day. Treatment w/ gabapentin mildly effective. Also ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	BIL Shoulder pain and decreased ROM that continues after greater than 6 weeks conservative treatment. No abnormalities noted on xrays.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Heard a loud "pop", felt it in his R elbow and then had welling/pain.;He went to the ER on 7/8/23, labs normal, placed on Doxy & Keflex to cover infection, given Indomethacin, also. Still has a lot of pain and is hard to extend his R forearm. No imaging ; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	N/A; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Orthopedic surgery referral and ultrasound was recommended per report. Patient notes that she is still experiencing a persistent sx of ulnar neuropathy of right upper extremity occurring throughout the day. Treatment w/ gabapentin mildly effective. Also ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	she is doing the MRI due to patient complaining of pain in the elbow and the x-ray was negative; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; It is not known what type of medication the patient received.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; STILL HAVING PAIN AFTER HOME EXERCISES. ARM EXTENSIONS AND WALL SLIDES; The patient received medication other than joint injections(s) or oral analgesics.; ANTI INFLAMMATORIES	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; diclofenac;ketoralac	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	HPI;61 y/o female presents to clinic unaccompanied. Patient c/o fall. She states she has fallen 2 times. She states she fell back in February. She states she has fallen again in May.;She states her left knee and hip have been hurting since she has falle; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	See notes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Bilateral ankle pain, reduced ROM, discoloration of left ankle, pain on palpation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has been seen and treated on three occasions for the same complaint. x-rays of left foot and ankle are negative. Walking boot, corticosteroids, pain medications and anti-inflammatories.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has completed 5 weeks of physical therapy, still taking Meloxicam; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	patient having pain and swelling in right leg including knee and soft tissue swelling just above and below the knee 6 weeks post injury to right leg at home on 7/1/2023. xrays done on 7/1/2023 were negative for fracture or dislocation. Right lower extre; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PT HAS TRIED PHYSICAL THERAPY AND IS TAKING PAIN MEDICATIONS; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	pt is still having pain in the right ankle. Hard to bare weight on the right foot. medication isn't helping.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Pt. fell on knees one week ago. Since has had difficulty with ambulation.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An Ultrasound showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Bil Hip Pain.. PT completed.. prior knee sx; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	HPI;61 y/o female presents to clinic unaccompanied. Patient c/o fall. She states she has fallen 2 times. She states she fell back in February. She states she has fallen again in May.;She states her left knee and hip have been hurting since she has fall; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS TRIED PHYSICAL THERAPY AND IS TAKING PAIN MEDICATIONS; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Pt. fell on knees one week ago. Since has had difficulty with ambulation.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	ER follow up and 2 OV for the same issue; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	It has been recommended that this is ordered for better quality of life.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Test needed to determine treatment and next steps.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	MATERNAL HX OF INTRACRANIAL ANEURYSM (MOTHER PASSED) VARICOUS VEINS WITH EDEMA IN LOWER EXTRMITY. LAST CT ANGIOGRAM DONE OF HEAD IN 2021.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); abdominal bloating; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Anal boil; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Chronic idiopathic constipation; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); elevated liver enzymes; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Kidney CT is needed to evaluate reason for hypertension.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); patient states it feels like a foreign object in stomach. no mass noted on physical exam; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); This patient presented with Nausea and Vomiting as well as hasn't been able to eat. Patient is dehydrated and is hearing voices/schizophrenia. Meds, Seroquel, not controlling the voices.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	21	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	16	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT scan and ultrasound have been previously conducted.; Prior imaging was inconclusive; The last inconclusive results were within 60 days.; Persistent pain best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Bones hurt. She can't eat, she has black spots on her tongue and she has a metallic taste in her mouth. She has lost 7 pounds in one week.;Current symptoms: Reports fatigue, nausea, headache(s) and other;Progression: worsened;Progression over time: 1-2; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	hypertension, hyperlipidemia, obesity, muscular dystrophy, and MDD. His initial BP was elevated today, but confirmed to be at treatment goal on repeat measurement. He endorses very good adherence with prescription medications.; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	seizure disorder reportedly had several seizures in 2017. He was found to have a cyst on his brain and subsequently underwent brain surgery to have cyst removed. He reportedly never had followup with neurologist. He denies seizure activity since his surg; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown why this procedure is being requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was normal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	CT IVP for Kidney stone.; She had blood in her urine which has stopped but now she has increased back pain for the last 5 days; Requestor has decided to proceed with the unlisted code.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain Screening for cardiovascular condition;Due to patient history from family history of early heart attack and stroke; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea, diaphoresis and palpitations, abnormal EKG, relieved with rest; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain/tightness on exertion, dyspnea, nausea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	From the most recent clinic note: She states she's been having palpitations and SOB. She states she drinks Decaf coffee. She states these episodes have been occurring a few days a week.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hypertension and edema. chest pain at times; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt complains of chest pain and chest pressure and has a significant family history of heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	From the most recent clinic note: She states she's been having palpitations and SOB. She states she drinks Decaf coffee. She states these episodes have been occurring a few days a week.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Hypertension and edema. chest pain at times; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; It is unknown if this is a request for the initial evaluation or a follow up Transthoracic Echocardiogram (TTE); The study is being ordered for a Murmur	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; It is unknown if this is a request for the initial evaluation or a follow up Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to high blood pressure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to high blood pressure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	patient has renal failure, extreme swelling and shortness of breath; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	c/o chest pain in mid chest like a pressure w assoc s/s. pt awakens at hs w sob, forcing him to arise w delayed recovery of easy breathing. no dep edema; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	General/Family Practice	Disapproval	S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a low field strength MRI	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	72131 Computed tomography, lumbar spine; without contrast material	PHYSICAL THERPAY DID NOT WORK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	72192 Computed tomography, pelvis; without contrast material	PHYSICAL THERPAY DID NOT WORK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	PHYSICAL THERAPY HAS NOT HELPED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PHYSICAL THERAPY HAS NOT HELPED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Geriatrics	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Cervical Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	surveillance stage iii melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	restaging patient history of non-small cell lung cancer, right upper lobe. Cutaneous squamous cell carcinoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	surveillance stage iii melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	25	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; It is not known if the patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	48 year old man with diagnosis of melanoma. I discussed with him the diagnosis and current findings. He has advanced disease, with a primary in his right upper abdomen and bulky metastatic disease in his right upper chest and axillary nodes. He also has;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; It is not known if there are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known when the recent trauma or injury to the head occurred.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	breast cancer; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Evaluation and Management of her Right Breast Mass with Bone Mets; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Evaluation and management of: Metastatic Breast Cancer. She is also having some headaches and she states since last week she has been having high blood;pressure; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	evaluation of disease and initial staging.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Lung Cancer with mets to the liver and bone; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	LUNG CANCER; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Mrs Robin Overstreet comes in today with reports of feeling fatigued and has a pounding headache with each Letrozole; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NEW BREAST CANCER; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	new onset headaches and vision changes in pt with history of breast cancer; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has lung cancer, need mri of brain to check for metastasis; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt is needing Brain MRI done in order for the provider to be able to complete cancer staging.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	restage- new onset of confusion and headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Restaging of Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	restaging patient history of non-small cell lung cancer, right upper lobe. Cutaneous squamous cell carcinoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She does have some dizziness in the mornings. ;She denies night sweats, fever, chills.;Denies tingling or numbness in any extremities.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Small Cell Lung Cancer with brain mets right apical mass with stable mildly;prominent mediastinal nodes.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	32	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; It is unknown what if anything else is related to this request for imaging of a known cancer or tumor.; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	52	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	apical lesion;2.3 cm spiculated nodule in the left lung apex abutting the adjacent chest wall concerning for neoplastic process;is scheduled for biopsy;Positive for abdominal distention, blood in stool and diarrhea;Current smoker;30 yr history; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	COUGH; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	IMAGING FOR PATIENT WITH BREAST CANCER WITH LUNG NODULE CONCERNING FOR MALIGNANCY; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	increased SOB, assess for ground glass opacities prior to next chemo; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	last scan was 1/5/2023. This would be the follow up.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Lung Cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	lung nodules found on CT a/p need complete chest to further clarify; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	NA; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient referred to us after chest CT done at CHI St. Vincent showed a 1.4cm cavitory lesion, and multiple non-calcified irregular nodules in the right middle lobe with the largest measuring 8mm, Follow up done on 5/11/2023 in the office here showed some ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient with breast cancer who is on endocrine therapy. CT Chest dated 1/21/22 showed pulmonary nodules ranging from 8 to 11 mm. A follow up is requested.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary consult for full code evaluation of noncaseating granuloma formation/right lower lobe mass/hemoptysis. To repeat a;CT chest on 8/10/2023. Bilateral screening mammogram on 6/2024.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	restaging patient history of non-small cell lung cancer, right upper lobe. Cutaneous squamous cell carcinoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Stage IV Squamous cell carcinoma of right lung; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	surveillance stage iii melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	30	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	109	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	98	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	99	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	31	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams being ordered.; The ordering MDs specialty is Hematologist/Oncologist	62	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; upper extremity swelling; assess for adenopathy; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There is some abnormal marrow signal evident today most concerning of;which involves the posterior aspect of T11 with extension into the;left pedicle. Is also abnormal pedicle signal worse on the left than;the right at L5. These signal abnormalities do; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Reason For Exam: T-7 fracture; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There is some abnormal marrow signal evident today most concerning of;which involves the posterior aspect of T11 with extension into the;left pedicle. Is also abnormal pedicle signal worse on the left than;the right at L5. These signal abnormalities do; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Reason For Exam: T-7 fracture; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There is some abnormal marrow signal evident today most concerning of;which involves the posterior aspect of T11 with extension into the;left pedicle. Is also abnormal pedicle signal worse on the left than;the right at L5. These signal abnormalities do; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was inconclusive; The patient's cancer is known; This is being requested for initial staging.; The ordering provider's specialty is Hematologist/Oncologist.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging patient history of non-small cell lung cancer, right upper lobe. Cutaneous squamous cell carcinoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	surveillance stage iii melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	30	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	109	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	98	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	99	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	61	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There is some abnormal marrow signal evident today most concerning of;which involves the posterior aspect of T11 with extension into the;left pedicle. Is also abnormal pedicle signal worse on the left than;the right at L5. These signal abnormalities do; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	16	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Hematologist/Oncologist.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Hematologist/Oncologist.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is infection based on symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via RadMD.; Agree; This Heart MRI is being requested for evaluation of cardiac tumors or thrombus; The ordering provider's specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	MONOCLONAL GAMMOPATHY; Requestor has decided to proceed with the unlisted code.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	high risk screening; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	lifetime risk score of 21.7; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Pt has a personal history of breast cancer, treated with bilateral mastectomy with reconstruction. Now lump in left breast with neg ultrasound.; This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	reports that her left breast is red and will swell to a very large size. It feels full and tight.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.; The health carrier is not Maryland Physicians Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.);"; The last MUGA scan was performed more than 3 months ago.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient has not had a previous MUGA scan.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Cervical Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a PET Scan with 18F-Fluciclovine (Axumin)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Cervical Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a PET Scan with 18F-Fluciclovine (Axumin)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Restaging of Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with an Other Tracer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illucix)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; A biopsy substantiated the cancer type; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; A biopsy has NOT substantiated the cancer type; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Breast cancer metastasized to bone, left; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Breast cancer metastasized to bone, left; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	ev before starting chemo; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	ev before starting chemo; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Heart function with Herceptin; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	NA; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>RESTAGING DURING CARDIAC TOXIC CHEMO; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging of Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging of Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ABD DISTENDED, THROMBOCYTOPENIA, POSSIBLE UNDERLING LIVER DISEASE; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary		1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Breast MRI needed for surveillance. Pt has family history of and is genetically susceptible to developing breast cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; No, the patient does not have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Patient has a strong family history of breast cancer as well as other cancers. MRI is needed for surveillance.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Pt has a family history of breast cancer and is high risk. Needs MRI for surveillance.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with 18F-Fluciclovine (Axumin)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; A biopsy substantiated the cancer type; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm; The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hospital	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hospital	Approval	<p>93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hospital	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hospital	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Hospital	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Epidural abscess; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Epidural abscess; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	From the most recent clinic note: ; Mrs. Ashby is a 58-year-old female patient referred by her nurse practitioner Alexandra Kurtzweil concerning a chronic, complicated infection . Upon examination in office today , it appears that she has a probable fung; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; The procedure was more than 6 months ago; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery; Aneurysm repair was performed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient has had CT's that show a mass on her skull. Patient also has a history of breast cancer with possible mets.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Worsening dizziness, nausea and vomiting. Some gait instability also.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has dizziness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	He developed shooting/electrical pains right face/mouth/teeth about a month ago. He has seen his dentist. First thought to be abscess tooth, but saw periodontist and that was not the case. Second dental evaluation then diagnosed with trigeminal neuralgia.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has had CT's that show a mass on her skull. Patient also has a history of breast cancer with possible mets.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is having persistent headaches with vertigo daily and it feels like pressure in the front of her head and her head feels heavy. They are multifactorial with temporal pain on left side.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; This Interstitial Lung Disease is suspected; The chest x-ray was abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for vascular disease other than cardiac.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	35	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients without a 20 pack per year history of smoking or do not have a history of smoking do not meet the criteria for lung cancer screening.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Chief Complaint: Back pain;Chronicity: chronic;Onset: 1 to 4 weeks ago;Frequency: constantly;Progression since onset: rapidly worsening;Pain location: lumbar spine, sacro-iliac;Pain quality: stabbing;Radiates to: left foot, left knee, left thigh;P; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Internal Medicine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	A blastic lesion was seen on her left iliac crest upon doing a xray of her abdomen for kidney stones.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; constant taking OTC medications, and moving around; nothing has been helping; The patient received medication other than joint injections(s) or oral analgesics.; hydrocodone, Tylenol, ibuprofen	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	chronic right knee pain. Xrays with OA findings.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	suspected achilles tendon tear; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	muscle weakness with unintentional weight loss; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	64 Y F with know HX Dyslipidemia, HTN is here for pre-op clearance for gastric bypass surgery.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	ECG abnormal, high CAD risk CORONARY ARTERY CALCIFICATION on previous CT; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for None of the above or don't know; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF); The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study</p>	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is having persistent headaches with vertigo daily and it feels like pressure in the front of her head and her head feels heavy. They are multifactorial with temporal pain on left side.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	He developed shooting/electrical pains right face/mouth/teeth about a month ago. He has seen his dentist. First thought to be abscess tooth, but saw periodontist and that was not the case. Second dental evaluation then diagnosed with trigeminal neuralgia.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has chronic chest pain. Pt risk factors are smoking history and family history of heart disease. Pt has cardiac workup including echo, chest x-ray, Holter monitor was unremarkable. Due to presence of anginal equivalent (SOB/DOE), we will proceed with st; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	2 OV's with pt coming in in acute respiratory distress; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	muscle weakness with unintentional weight loss; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	faxing over; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Internal Medicine	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	faxing over; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The patient did physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; No prior diagnostic imaging was conducted; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	faxing; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	faxing; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation- Failed course of home treatment: 4 weeks; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	suspected achilles tendon tear; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture);; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); colitis;abd pain; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hernia evaluation; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); History of renal adenoma. Hyperaldosteronism.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A blastic lesion was seen on her left iliac crest upon doing a xray of her abdomen for kidney stones.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	I25.10 Coronary artery disease;involving native coronary artery of;native heart without angina;pectoris;E78.5 Hyperlipidemia; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	ECG abnormal, high CAD risk CORONARY ARTERY CALCIFICATION on previous CT; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for Sickle Cell Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Cannot agree/affirm; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Internal Medicine	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Radiology Services Denied Not Medically Necessary	history of recurrent pancreatitis; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Notes to be uploaded; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Notes to be uploaded; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; Other was performed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Nonocclusive filling defect of the left distal transverse sinus and the proximal left sigmoid sinus is favored to represent a large arachnoid granulation over thrombus.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has abnormal uterine bleeding; The patient had a previous CT scan.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had another study not listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Medical Genetics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Medical Genetics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	will fax in; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; The ordering provider's specialty is Nephrology ; The patient is being treated for high blood pressure (hypertension)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Nephrology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	0042T Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time		; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Evaluation of known or suspected CSF (cerebrospinal fluid) leak best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhage best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Arterial ischemic stroke.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	It is unknown why this procedure is being requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ms. McKay is a 59-year-old woman with incidental finding of right middle cerebral artery aneurysm on CT angiogram of the head. She completed diagnostic cerebral angiogram on 9/22/2021. The patient was found to have an unruptured right middle cerebral arte; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with first degree family member having aneurysm best describes the clinical indication for requesting this procedure	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Arterial ischemic stroke.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ms. McKay is a 59-year-old woman with incidental finding of right middle cerebral artery aneurysm on CT angiogram of the head. She completed diagnostic cerebral angiogram on 9/22/2021. The patient was found to have an unruptured right middle cerebral arte; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient is a 43-year-old female with no prior history of headaches presented to the ER on 8-11-23 with severe onset headache for 2 days. She has some photophobia as well as constant vertigo. She states when she closes her her eyes she feels like she is ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Rule out DVST; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	multiple spinal injections for cervical and lumbar DDD which help some but the headaches etc are not relieved significantly.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	relapsing/remitting multiple sclerosis; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is Neurological Surgery ; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The patient has Fluid on the brain (hydrocephalus).	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The patient has Fluid on the brain (hydrocephalus).	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	17	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unexplained neurological deficits; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI; The patient has been diagnosed with a neurological deficit.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If N;S: ;6 week post op visit;Had KYPHOPLASTY ; on 6/19/23; ;AP/LAT t/l/spine 8/1/23; Postoperative augmentation at L1. No change in height. ;Degenerative disc changes greatest at L4-5. ; ; ;Doing fair ;P; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	unknown; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Dolores comes in today having last been seen in 2020. She has had 2 lumbar fusions in the past 1 from L3-5 and a second 1 from L2-3. She did fairly well for a while but over the last 4 months has started having pain in her back radiating to the right hi; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If N;S: ;6 week post op visit;Had KYPHOPLASTY ; on 6/19/23; ;AP/LAT t/l/spine 8/1/23; Postoperative augmentation at L1. No change in height. ;Degenerative disc changes greatest at L4-5. ; ; ;Doing fair ;P; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Left side Iliopsoas and Tibialis Anterior are 4 not 5.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms following surgery.; The surgery was more than 6 months ago.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinically patient with myelopathic exam, ataxia with abnormal tandem gait, ataxic gait, hyperreflexia of the right upper extremity to include a positive Hoffman reflex. Back and leg symptoms are consistent with neurogenic claudication, severe degenerati; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Due to continued and progressive myelopathy will need to repeat his MRI for surgical consideration as soon as possible.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Ms. Adkins is a 50-year-old female presents with lower back pain radiating to the left lower extremity, as well as neck pain with numbness in her bilateral upper extremity. Her lower back symptoms are more severe than her neck. The pain in the lower bac; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pain injections; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has attempted physical therapy treatment without lasting benefit and has attempted cervical spine interventional injections with pain management without lasting benefit.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	relapsing/remitting multiple sclerosis; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The main issue is with his back pain. The symptoms especially with the leg fatigue and weakness got significantly worse about 6 months ago. It is worse during the day. Nothing he says makes it better. He says his legs will give out on him. And he occ; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal column) describes the reason for requesting this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	He reports severe, constant neck pain that radiates to the shoulder blades. He denies any arm pain or numbness and tingling in the arms. He stated that he does feel weak in the arms and legs. He reports that while his neck pain is constant it is worse whe; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	multiple spinal injections for cervical and lumbar DDD which help some but the headaches etc are not relieved significantly.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	relapsing/remitting multiple sclerosis; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The main issue is with his back pain. The symptoms especially with the leg fatigue and weakness got significantly worse about 6 months ago. It is worse during the day. Nothing he says makes it better. He says his legs will give out on him. And he occ; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Hyperreflexic in Bilateral lower extremities	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Clinically patient with myelopathic exam, ataxia with abnormal tandem gait, ataxic gait, hyperreflexia of the right upper extremity to include a positive Hoffman reflex. Back and leg symptoms are consistent with neurogenic claudication, severe degenerati; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Dolores comes in today having last been seen in 2020. She has had 2 lumbar fusions in the past 1 from L3-5 and a second 1 from L2-3. She did fairly well for a while but over the last 4 months has started having pain in her back radiating to the right hi; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	He reports severe, constant neck pain that radiates to the shoulder blades. He denies any arm pain or numbness and tingling in the arms. He stated that he does feel weak in the arms and legs. He reports that while his neck pain is constant it is worse whe; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	James Macom is a 43 y.o. male who presents to clinic for follow up for extension of prior thoracolumbar fusion (Harrington rods w/ sublaminar hooks) with L3-P fixation complicated by pressure injuries, wound dehiscence, and R femoral nerve palsy. He repor; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Ms. Adkins is a 50-year-old female presents with lower back pain radiating to the left lower extremity, as well as neck pain with numbness in her bilateral upper extremity. Her lower back symptoms are more severe than her neck. The pain in the lower bac; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	19	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	James Macom is a 43 y.o. male who presents to clinic for follow up for extension of prior thoracolumbar fusion (Harrington rods w/ sublaminar hooks) with L3-P fixation complicated by pressure injuries, wound dehiscence, and R femoral nerve palsy. He repor; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	trigeminal neuralgia; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unexplained neurological deficits; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unexplained neurological deficits; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient describes stabbing sharp pain without a trigger.; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pain injections; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; PATIENT USES A WHEELCHAIR AND WALKER. CAN ONLY WALK FROM ROOM TO ROOM THEN NEEDS TO REST BECAUSE OF PAIN THAT RADIATES DOWN LEGS.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	CLINICAL NOTES WILL BE ATTACHED FOR REVIEW; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	increased the pain in her neck and her lower back she has had previous cervical and lumbar disc disease but the whiplash injury resulted in severe worsening of her symptoms with intermittent radicular symptoms into the shoulder on the right side and down ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain and cervicgia pain continues even with treatment; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Beekel is a 49-year-old male who presents with neck and right sided hip pain. He is reporting persistent neck pain that has progressively worsened in the previous few months. His pain will radiate to his bilateral shoulders. He is reporting numbnes; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient describes stabbing sharp pain without a trigger.; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with ongoing Cervical and Lumbar pain, unrelieved with PT, Interventional Pain Management, medication, activity modification. Physical exam shows decreased ROM, pain, tenderness, spasm, and abnormal deep tendon reflexes.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	presents with a multiyear history of severe lower back pain radiating to the bilateral hip and buttock. She is also endorsing nearly equal severity mid back pain, as well as neck pain radiating bilateral upper extremity. Much of her symptoms started fol; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	presents with lower back pain radiating to the left lower extremity, as well as neck pain with numbness in her bilateral upper extremity. Her lower back symptoms are more severe than her neck. The pain in the lower back will generally radiate in a later; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	sensory ganglionopathy; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at L2.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Due to continued and progressive myelopathy will need to repeat his MRI for surgical consideration as soon as possible.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	presents with a multiyear history of severe lower back pain radiating to the bilateral hip and buttock. She is also endorsing nearly equal severity mid back pain, as well as neck pain radiating bilateral upper extremity. Much of her symptoms started fol; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	sensory ganglionopathy; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at L2.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; scoliosis. prominent schmorl's nodes in the distal thoracic upper lumbar spine changes of posterior fossa surgical decompression noted again per Mri on 05.20.2021	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CLINICAL NOTES WILL BE ATTACHED FOR REVIEW; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Due to continued and progressive myelopathy will need to repeat his MRI for surgical consideration as soon as possible.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	increased the pain in her neck and her lower back she has had previous cervical and lumbar disc disease but the whiplash injury resulted in severe worsening of her symptoms with intermittent radicular symptoms into the shoulder on the right side and down ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain and cervicgia pain continues even with treatment; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Beekel is a 49-year-old male who presents with neck and right sided hip pain. He is reporting persistent neck pain that has progressively worsened in the previous few months. His pain will radiate to his bilateral shoulders. He is reporting numbness; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with ongoing Cervical and Lumbar pain, unrelieved with PT, Interventional Pain Management, medication, activity modification. Physical exam shows decreased ROM, pain, tenderness, spasm, and abnormal deep tendon reflexes.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	presents with a multiyear history of severe lower back pain radiating to the bilateral hip and buttock. She is also endorsing nearly equal severity mid back pain, as well as neck pain radiating bilateral upper extremity. Much of her symptoms started fol; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	presents with lower back pain radiating to the left lower extremity, as well as neck pain with numbness in her bilateral upper extremity. Her lower back symptoms are more severe than her neck. The pain in the lower back will generally radiate in a later; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	17	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at L2.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unexplained neurological deficits; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	I discussed with him we will send him to pain management for hopeful injections of the right sacroiliac joint. We talked about if this relieves his pain he could be a possible candidate for a fusion of the sacroiliac joint.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pt still having pain; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhagebest describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	63-year-old gentleman presents with history of stroke. This occurred in 2021. He has been on warfarin and then Eliquis. his MRI was suggestive of bilateral infarcts with a cardiac source. His 14 day Holter monitor was negative for atrial fibrillation and; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	About 25 yrs ago demonstrated STM loss, aneurysm ruptured while trying to repair. About 6 yrs ago memory began to deteriorate.Developed imbalance and falls,word finding difficulty,blurred vision at times,sleep is poor,has visual hallucinations, wanders at; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There was a mention of the vascular flow resembling sub-arachnoid hemorrhage. My main concern would be a sentinel bleed. He is doing better now. With his acute symptoms I believe it would be worth it to get a CTA of the head and neck to exclude aneurys; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; This procedure is being requested for evaluation for vascular disease; Known subarachnoid hemorrhage best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with first degree family member having aneurysm best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	TIA; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	transient vision loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	will fax over; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	63-year-old gentleman presents with history of stroke. This occurred in 2021. He has been on warfarin and then Eliquis. his MRI was suggestive of bilateral infarcts with a cardiac source. His 14 day Holter monitor was negative for atrial fibrillation and; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There was a mention of the vascular flow resembling sub-arachnoid hemorrhage. My main concern would be a sentinel bleed. He is doing better now. With his acute symptoms I believe it would be worth it to get a CTA of the head and neck to exclude aneurys; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	TIA; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	transient vision loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	will fax over; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Optic neuritis suspected; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	clinials; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	possible stroke like symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	stroke like symptoms, acute stroke; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Stroke suspected; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	will fax over; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	will fax; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	stroke like symptoms, acute stroke; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; It is unknown if the patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	will fax over; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Avant Terry McAfee is a 51 y.o. male who is referred for electrodiagnostic evaluation for myopathy. Per referral note: "Patient was has been having random twitching and spasms in all muscles with severe pain since approx 2016. He does not have any weakne; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	clinials; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	EPISODIC SEIZURES. LOSS OF CONSCIOUSNESS. CONFUSION, HEADACHE, AND FATIGUE IN THE AFTERMATH OF THE SEIZURES. REPORT OF CONFUSION WITH DIFFICULTY WITH SHORT TERM MEMORY.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Mid-back pain;Myelopathy, chronic, cervical spine;Speech disturbance; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Optic neuritis suspected; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	possible MS, hyperreflexia, Hoffman sign present, essential tremor, hereditary & idiopathic neuropathy; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	possible stroke like symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	RIGHT - SIDED HEMIPLEGIA.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	stroke like symptoms, acute stroke; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Stroke suspected; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	37	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	13	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; It is unknown if the patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The patient does NOT have normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient has NOT had a Brain MRI in the last 12 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; It is unknown how many episodes the patient had in the last 24 months	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; It is unknown why this study is being ordered.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	33	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	To assess for Chiari malformation and syrinx; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	will fax over; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for none of the above.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are documented clinical findings of immune system suppression or AIDS.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Low back pain, constant or radicular pain, neg xray ;Low back pain, chronic; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Avant Terry McAfee is a 51 y.o. male who is referred for electrodiagnostic evaluation for myopathy. Per referral note: "Patient was has been having random twitching and spasms in all muscles with severe pain since approx 2016. He does not have any weakne; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	concerns of MS. She called the clinic yesterday requesting Tecfidera, however we have not seen or diagnosed her with MS and she was asked to come into the clinic for evaluation. She tells me in 2017 she was diagnosed with MS by neurologists at Novant ne; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis, monitor; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Neurofibromatosis with NF1 complicated with scoliosis post surgery and low vitamin D. She should have MRI cervical and lumbar to evaluate burden of disease; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Neurological Disorder; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pain; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	possible MS, hyperreflexia, Hoffman sign present, essential tremor, hereditary & idiopathic neuropathy; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Previous diagnosed MS at another doctors office. We need an updated MRI brain, MRI cervical and MRI thoracic to proceed with treatment.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	reassess disease burden of multiple sclerosis, possible new lesion on previous MRI; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	send clinical .; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	To assess for Chiari malformation and syrinx; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	will fax over clinicals; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Avant Terry McAfee is a 51 y.o. male who is referred for electrodiagnostic evaluation for myopathy. Per referral note: "Patient was has been having random twitching and spasms in all muscles with severe pain since approx 2016. He does not have any weakne; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	concerns of MS. She called the clinic yesterday requesting Tecfidera, however we have not seen or diagnosed her with MS and she was asked to come into the clinic for evaluation. She tells me in 2017 she was diagnosed with MS by neurologists at Novant ne; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis, monitor; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Neurological Disorder; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pain; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	possible MS, hyperreflexia, Hoffman sign present, essential tremor, hereditary & idiopathic neuropathy; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Previous diagnosed MS at another doctors office. We need an updated MRI brain, MRI cervical and MRI thoracic to proceed with treatment.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	send clinical .; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	To assess for Chiari malformation and syrinx; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Avant Terry McAfee is a 51 y.o. male who is referred for electrodiagnostic evaluation for myopathy. Per referral note: "Patient was has been having random twitching and spasms in all muscles with severe pain since approx 2016. He does not have any weakne; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Neurofibromatosis with NF1 complicated with scoliosis post surgery and low vitamin D. She should have MRI cervical and lumbar to evaluate burden of disease; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	pt had MRI brain done; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	About 25 yrs ago demonstrated STM loss, aneurysm ruptured while trying to repair. About 6 yrs ago memory began to deteriorate.Developed imbalance and falls,word finding difficulty,blurred vision at times,sleep is poor,has visual hallucinations, wanders at; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	late-onset chronic headaches; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	63-year-old gentleman presents with history of stroke. This occurred in 2021. there are scattered bilateral anterior and posterior diffusion restrictions consistent with embolic infarct. He woke up that morning and had trouble walking. He described his ; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	late-onset chronic headaches; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Subarachnoid hemorrhage (SAH), follow up ;Cerebral aneurysm, follow-up ;HA; F/u aneurysm clipping; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	63-year-old gentleman presents with history of stroke. This occurred in 2021.there are scattered bilateral anterior and posterior diffusion restrictions consistent with embolic infarct. He woke up that morning and had trouble walking. He described his ; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	late-onset chronic headaches; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Subarachnoid hemorrhage (SAH), follow up ;Cerebral aneurysm, follow-up ;HA; F/u aneurysm clipping; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Optic neuritis suspected; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	faxing; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	63-year-old gentleman presents with history of stroke. This occurred in 2021.there are scattered bilateral anterior and posterior diffusion restrictions consistent with embolic infarct. He woke up that morning and had trouble walking. He described his ; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Neurological Disorder; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Optic neuritis suspected; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Reason for exam: TM?; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	reassess disease burden of multiple sclerosis, possible new lesion on previous MRI; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Rituximab; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The type of congenital anomaly is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; It is unknown if the patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score is unknown	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	faxing; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Reason for exam: TM?; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Rituximab; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	faxing; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Reason for exam: TM?; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	reassess disease burden of multiple sclerosis, possible new lesion on previous MRI; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Rituximab; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Hyper reflexia	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Bilateral hand weakness during testing of the abductor pollicis brevis muscle and adductor pollicis ment exam findings;;;The patient is alert and oriented x3. Speech fluent. Head normocephalic. Neck reveals spasms from the occiput down to approximat	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Multiple sclerosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	will fax over clinicals; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Reason for exam: TM?; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Rituximab; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if this procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Neurology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	none; This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; It is not known if this study is being ordered for pre-surgical evaluation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	fax; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Other not listed best describes the reason for this procedure	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; No prior imaging has been conducted; The pain is in the Lower abdomen	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has abnormal uterine bleeding; The patient had a previous Ultrasound.; The ordering provider's specialty is OB/Gynecology.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Pre or post embolization describes the patient's uterine condition.; The ordering provider's specialty is OB/Gynecology.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Uterine/cervical cancer, assess treatment response ;recurrent cervix cancer on chemo; evaluate for response to treatment; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; It is unknown which organ is enlarged.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	This a request for a Fetal MRI.; An ultrasound of the mother has NOT been completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	HIGH RISK 32%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient is high risk at a lifetime of 36.4%. Her mother was diagnosed with unilateral breast cancer at 50, then bilateral at 63. Patient also has maternal aunt that was diagnosed at 74. Patient has history of MRI bilateral breast 12/29/2020 and Left MRI G; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Uterine/cervical cancer, assess treatment response ;recurrent cervix cancer on chemo; evaluate for response to treatment; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Additional imaging is needed, patient with history of multiple breast procedures, mammogram showed an ill-defined increase in density with mild architectural distortions. Ultrasound showed a 4 by 9cm irregular hypodense structure.; This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for Sickle Cell Disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Obstetrics & Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Obstetrics & Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	70450 Computed tomography, head or brain; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is not being ordered for None of the above.; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Suspects tumor; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Unknown; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Long history of papilledema in both eyes, edema on exam. Her last imaging was approximately 15 yrs ago as a child.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	SEE ATTACHMENTS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	SEE ATTACHMENTS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Suspects tumor; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Vision loss, binocular; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	SEE ATTACHMENTS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Vision loss, binocular; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)			1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Sending in clinical information.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Unknown; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		will fax in clinical; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Oral/Maxillofacial	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Post-operative evaluation best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Status post most recently C7-T1 PSF 6/28/23 with worsening LUE weakness.;Cervical radiculopathy; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy documented on an EMG or nerve conduction study.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Orthopedics	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	medications; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	MRI of the cervical spine was done in July 2022. There is loss of cervical lordosis. There are small central disc protrusions at C2-3, C3-4, and C4-5 which do not compress the cord. There is mild foraminal narrowing on the left at C4-5. At C5-6, there is ; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Myelopathy; Weakness; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Status post most recently C7-T1 PSF 6/28/23 with worsening LUE weakness.;Cervical radiculopathy; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal column) describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	medications; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	MRI of the cervical spine was done in July 2022. There is loss of cervical lordosis. There are small central disc protrusions at C2-3, C3-4, and C4-5 which do not compress the cord. There is mild foraminal narrowing on the left at C4-5. At C5-6, there is ; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Myelopathy; Weakness; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Vascular malformation; Pseudoarthrosis; Sagittal plane imbalance; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	medications; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Myelopathy; Weakness; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	30	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	22	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Vascular malformation; Pseudoarthrosis; Sagittal plane imbalance; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	X-rays of the lumbar spine show significant facet arthropathy at the lowest 2 levels. And, she has had previous back surgery.;;Taken together, it is certainly possible that she has a significant component of foraminal or spinal stenosis that may be a si; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.;; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	PLEVIC PAIN AND LEFT HIP PAIN; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.;; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	Scans requested to rule out fracture. ;;Upon examination, there is concern for dislocation, labral tear, ligamentous injury and osteomyelitis.;; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.;; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	THIS IS A FOR THE LEFT HIP AND TO GET A CT AT THE FACILITY WE HAVE TO ORDER AS A PELVIS AND THIS IS PRE-OPERATIVE PLANNING; There is not a known tumor.;; This study is being ordered as pre-operative evaluation.;; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.;; This is a request for a Pelvis CT.;; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.;; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.;; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.;; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is Orthopedics.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	30	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The patient will be sent for repeat MRI of the hands to specifically target the fingers with and without contrast.She had MRI of both hands however the tips of the fingers were cut off in the MRI.Assessment;1. BILATERAL hand numbness/tingling with hypers; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	10	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	continued left wrist/elbow pain - failed PT; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Distal Biceps Tear, Right;Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, initial encounter;;Tear is located on the right elbow joint; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	evaluation of his right elbow pain. The patient reports pain in the right elbow for 4 months. This was the result of an injury. The date of injury was 4/23 while playing pickle ball. The patient has had previous surgery on the elbow. He had surgery a y; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	has had problems in his shoulders since a motor vehicle accident that happened in December 2022. Some 9 months of shoulder pain. Injections were done and both injections seem to help him almost 100% but they only last for a week. He is very happy with ; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	He has a mechanism consistent with his ongoing symptoms which I suspect represent bilateral superior cuff traumatic ruptures.;MRIs of both shoulders will be pursued.;He has had trial of anti-inflammatory medication as well as a cuff strengthening pr; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	heavy lifting with both arms and snapped the tendons away from the muscle or bone in both elbows;;Patient might need ;surgical intervention depending on the severity of the possible tendon tear; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	MRI WITHOUT CONTRAST; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pain and swelling; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pain worsens with exercise and pressure , history of wrist fracture; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient experiencing Limited Range of motion and Pain in the right Elbow. Pain located in Deep Elbow Region and Aggravated with use; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient got minimal relief from her bilateral subacromial injections. She's tried a home physical therapy. She is not getting better in fact I think she is getting worse. Her neck motion is well maintained. Shoulder exam is fairly consistent;with adhesi; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patient injurie herself about 1 month ago and heard it pop . was in brace and medication; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right medial proximal forearm pain;Right elbow pain;Right wrist de Quervain's tenosynovitis; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	RT WRIST DORSAL GANGLION CYST; The study is not requested for any of the standard indications for Knee MRI; This request is for a wrist MRI; The reason for the study is not for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Since January 5 2023 Patient has tried NSAIDS, activity modification, home exercise program which consists of c spine stretches and left shoulder stretches and strengthening exercises for 4 times a week for an hour at a time for the past 12 weeks began ex; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI; The reason for the study is not for evaluation of wrist pain.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	suspect right wrist ligament injury that will require surgical intervention.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	45	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; activity modification and HEP from April 2023 - September 2023	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; anti-inflammatories;gabapentin	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received medication other than joint injections(s) or oral analgesics.; tylenol;ibuprofen;injection	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; It is not known what type of medication the patient received.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	16	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	49	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	50	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	20	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Anti-inflammatory medication, Muscle relaxants, Pain medications;;meloxicam;tramadol	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for infection or inflammation.; There are not physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	There are small, soft tissue masses to the volar, radial aspect of the left and right wrist that appear consistent with ganglion cysts on exam. We discussed the diagnosis. Patient would like the soft tissue masses removed. She would like to start with h; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	to evaluate for partial versus full-thickness tear of the scapholunate ligament, possible TFCC tear; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	volar swelling of wrist, suspicious for ganglion that's tender . Tender on dorsum side. Mild prominence on right wrist; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Wrist fracture, tendon/ligament injury suspected, xray done; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	X-rays of the right hand reveal a fracture on the dorsal aspect of the carpal bone/triquetrum. The patient does have osteoarthritic changes in the first CMC joint and in the wrist.An MRI of the right wrist is medically and clinically indicated. The pati; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	PLEVIC PAIN AND LEFT HIP PAIN; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Scans requested to rule out fracture. ;;Upon examination, there is concern for dislocation, labral tear, liegamentious injury and osteomyellitis.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient does not have a documented limited range of motion; The patient had an abnormal plain film study of the ankle other than arthritis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is for Makoplasty and/or TKA or other non-surgical planning	20	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is for Makoplasty and/or TKA or other non-surgical planning	21	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; The patient is undergoing active treatment for cancer.; This study is being ordered for Known Tumor; This study is being ordered for follow-up.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Bilateral knee pain, rule out meniscal pathology; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Bilateral knee pain, swelling, mechanical symptoms, giving way.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Bilateral knee valgus osteoarthritis. Left knee is more symptomatic than the right. Her range of motion is 5 to 110;degrees. This is debilitating for her, affects her on a daily basis, getting to the point where she can no longer walk. We;have had a lon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Bilateral medial meniscus symptoms upon orthopedic exam. xrays do not show any osteoarthritis. Patient has been using a topical anti inflammatory cream for and a home exercise program that consisted of bilateral knee stretches and strengthening exercises; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Discussed this could be osteochondritis dissecans versus possible variant of ossification. We will obtain bilateral knee MRIs to evaluate these areas. Discussed the possible treatments of both conditions. We will try to coordinate the MRIs and office visi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Preoperative planning for patella malalignment and instability. Symptoms unchanged after medication, home exercise, & physical therapy treatment. Radiographs show patella Alta with lateral patellar tilt;and lateral patella subluxation of the left knee, l; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	RULE OUT ROTATOR CUFF TEAR AND MENISCUS TEAR; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known dislocation.; It is unknown if the dislocation is reducible.; The dislocation has recurred.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	27	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Limited range of motion; Surgery is NOT being planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Locking; It is unknown if surgery is planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	202	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	203	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Surgery is being planned.; Total Knee Arthroplasty (TKA)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; This study is being ordered for Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; Yes, the plain films/scans are normal.; Yes, the ordering physician is an orthopedist or a pediatrician.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for a mass, tumor or cancer.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for post operative evaluation.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	: Examination of the right hip revealed severe tenderness in the pelvis, right iliac crest. She has severe tenderness and bruising at the greater trochanter. She has pain with coughing in the right hip. She has soft tissue swelling of the right pelvis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Bilat Hips: negative babinski test, diminished stocking sensation, ROM is grossly limited with pain with FADIR, Log roll test positive and straight leg raise: negative pain with FABER. The hip pain is described as aching, progressive, radiating, sharp, st; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	pain in hip that also affects the lumbar spine; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	11	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has been on steroid therapy for more than 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	Right periscapular pain with soft tissue swelling/mass in the trapezius muscle belly posterior to the supraclavicular fossa.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Right periscapular pain with soft tissue swelling/mass in the trapezius muscle belly posterior to the supraclavicular fossa.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Orthopedics	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	medications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Vascular malformation; Pseudoarthrosis; Sagittal plane imbalance; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Post operative complications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Vascular malformation; Pseudoarthrosis; Sagittal plane imbalance; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Muscle weakness; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Myelopathy, chronic, cervical spine ;cervical spondylosis;;Spinal fusion, lumbar, follow up;history of lumbar spinal fusion, pseudarthrosis; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Since January 5 2023 Patient has tried NSAIDS, activity modification, home exercise program which consists of c spine stretches and left shoulder stretches and strengthening exercises for 4 times a week for an hour at a time for the past 12 weeks began ex; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	medications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Muscle weakness; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; right I5 pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	6 weeks of formal physical therapy that ended on 7/12/23. Paietn has been taking NSAIDS for the past 6 months. patient is no better. Patient has family history of scoliosis. Has had low back and right knee pain for 6 months. worsening knee pain. Back pai; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ASAP MRI needed for AVN of left hip and lumbar radiculopathy. delay of MRI could result in patient's life being at risk.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Julia Kay Munford is a 34 y.o. female who presents to clinic for left hip and left lIeg pain. She was seen by Dr. Bruffett a few years ago. She had a ruptured disc and underwent an L5-S1 fusion. She states back in October, she fell giving her pain in her ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Myelopathy, chronic, cervical spine ;cervical spondylosis;;Spinal fusion, lumbar, follow up;history of lumbar spinal fusion, pseudarthrosis; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Post operative complications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She has been treated with narcotics, Oxycodone, NSAIDs, ibuprofen, and Tylenol, which partially alleviates;symptoms. The pain has been present for 6 months. The right hip pain constantly occurs and occurs with activity. The;right hip pain is described a; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	: Examination of the right hip revealed severe tenderness in the pelvis, right iliac crest. She has severe tenderness and bruising at the greater trochanter. She has pain with coughing in the right hip. She has soft tissue swelling of the right pelvis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Previous fractures involving left forearm and both 2016 and 2017. Subsequent resultant malunion predominantly affecting the ulna with the significant loss of pronation of forearm and in congruency of the distal radial ulnar joint.;Will need CT radius a; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PHYSICAL EXAM: On exam of her left shoulder today there's pain with resistance, but pretty good strength and motion. There's some tenderness anteriorly. There's pain with Hawkins and Neer. Her skin is intact. No wasting or swelling. Her right knee i; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Plan;Impression;;Right wrist pain;Details;;Exam and X-ray findings were reviewed with the patient. Options were discussed. I recommend to obtain an MRI on the right wrist to further investigate the pathology. Patient agrees. RTC for results.; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	RULE OUT ROTATOR CUFF TEAR AND MENISCUS TEAR; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ROTATING ARM,LIFTING UP AND DOWN; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	onabotulinumtoxinA 300 Units;propofol (4 administrations); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	patellofemoral stress syndrome; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	6 weeks of formal physical therapy that ended on 7/12/23. Patient has been taking NSAIDs for the past 6 months. patient is no better. Patient has family history of scoliosis. Has had low back and right knee pain for 6 months. worsening knee pain. Back pai; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Bilateral knee osteoarthritis especially lateral compartment;Right knee with large calcification at the insertion of the patellar tendon at the tibia probably sequela of Osgood-Schlatter; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	BILATERAL PATELLA ALTA, MEDIAL AND LATERAL SUBLUXATION OF BILAETERAL PATELLA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Imaging Interpretation;AP, lateral, and oblique views of the left foot demonstrate no fractures or dislocation;;Plan;Impression;;Probable lis franc injury, left foot;Details;;I discussed the exam findings with the patient. I recommended he get an M; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Imaging Interpretation;I reviewed previous images of the right foot showing pes planus deformity, no acute abnormalities;;Plan;Impression::Pes planovalgus deformity, right foot;Details;;We discussed the exam findings and treatment plan. I recommend; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient complaint of bilateral knee pain. Need test to determine treatment and next steps. Notes attached.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has tried activity modification, Weight loss management, NSAIDS,and home exercises of bilateral knee stretches for an hour at a time, 3 times a week since June 13, 2023 for 6 weeks. Patient is no better. mri required for diagnosis and direction ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PHYSICAL EXAM: On exam of her left shoulder today there's pain with resistance, but pretty good strength and motion. There's some tenderness anteriorly. There's pain with Hawkins and Neer. Her skin is intact. No wasting or swelling. Her right knee i; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is Orthopedics.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	ASAP MRI needed for AVN of left hip and lumbar radiculopathy. delay of MRI could result in patient's life being at risk.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Julia Kay Munford is a 34 y.o. female who presents to clinic for left hip and left l leg pain. She was seen by Dr. Bruffett a few years ago. She had a ruptured disc and underwent an L5-S1 fusion. She states back in October, she fell giving her pain in her ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had bilateral hip pain for the last two years. She has continued conservative treatment during this time with NSAIDS, anti inflammatory medication, muscle relaxers, physical therapy and injections with no relief. Patient is currently ambulating; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	She has been treated with narcotics, Oxycodone, NSAIDs, ibuprofen, and Tylenol, which partially alleviates;symptoms. The pain has been present for 6 months. The right hip pain constantly occurs and occurs with activity. The;right hip pain is described a; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	X-rays of the lumbar spine show significant facet arthropathy at the lowest 2 levels. And, she has had previous back surgery.;Taken together, it is certainly possible that she has a significant component of foraminal or spinal stenosis that may be a si; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Orthopedics	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for Sickle Cell Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Osteopath	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Osteopath	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Osteopath	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Osteopath	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Osteopath	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Evaluation and management of: Lymphoma; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	mass in supraclavicular region, present for several months;it is tender at times;not associated with wt loss night sweats or resp. sx's; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carotid US shows 60-79% stenosis within the bilateral internal carotid arteries. CTA head and neck ordered.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Neck trauma, arterial injury suspected ;artery injury; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carotid US shows 60-79% stenosis within the bilateral internal carotid arteries. CTA head and neck ordered.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Neck trauma, arterial injury suspected ;artery injury; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient 4 or more episodes in the last 24 months	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation and management of: Lymphoma; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	16	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; There is laboratory or x-ray evidence of a paraspinal abscess; The patient has been diagnosed with an infection.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	I expect each pain problem will last at least more than one year and most likely this problem last until the death;of patient with potentially periodic exacerbation of this chronic problem. Exacerbation of each problem will;require additional specific d; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pain is radiating into the right hip. Lumbosacral degenerative disc disease. Patient has numbness, tingling, and altered sensation. Pain and symptoms are progressively worsening in cervical and lumbar regions.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	I expect each pain problem will last at least more than one year and most likely this problem last until the death;of patient with potentially periodic exacerbation of this chronic problem. Exacerbation of each problem will;require additional specific d; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pain is radiating into the right hip. Lumbosacral degenerative disc disease. Patient has numbness, tingling, and altered sensation. Pain and symptoms are progressively worsening in cervical and lumbar regions.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has uterine or adnexal mass(es); The patient had a previous Ultrasound.; The ordering provider's specialty is NOT OB/Gynecology, Surgery or Surgical Oncology.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient does not have a documented limited range of motion; The patient does not have an abnormal plain film study of the ankle other than arthritis; The patient has not used a cane or crutches for greater than 4 weeks; The patient has not failed a course of supervised physical therapy; The patient has been treated with anti-inflammatory medications in conjunction with this complaint	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Chronic Pain Lower Back and Leg Pain, Multiple Joint Pain;Chronic pain syndrome;Chronic pain left knee;Chronic pain right knee;Radiculopathy, lumbosacral region;Low back pain radiating to both legs;Long term (current) use of opiate analgesic; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	unknown; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation and management of: Lymphoma; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); its for ongoing swelling lower right leg with pain negative for a dvt; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); UNINTENTIONAL WEIGHT LOSS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	This is a request for Heart CT Congenital Studies.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Echo stress was a difficult study; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Patient went to ER and had ECG which showed Sinus bradycardia. Patient took 2 nitro to help chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a permanent pacemaker or Automatic Implantable Cardioverter/Defibrillator (AICD); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; The ordering MDs specialty is not Cardiology or Cardiac Surgery</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CARDIOMYOPATHY; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for a Murmur; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is the first request for a Transthoracic Echocardiogram; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;</p>	<p>CARDIOMYOPATHY; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary PATIENT HAS HAD BRONCHITIS, PNEUMONIA, AND BILATERAL EAR INFECTIONS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	no additional information; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD BRONCHITIS, PNEUMONIA, AND BILATERAL EAR INFECTIONS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	mass in supraclavicular region, present for several months;it is tender at times;not associated with wt loss night sweats or resp. sx; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for suspected tumor with or without metastasis.; There is evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Allen, Charles presents for Chronic Pain evaluation and management. He is an established patient. He;complains of exacerbation of Chronic Pain for more than six weeks, not being managed with activity;modification, home exercise program, over the counter; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Degeneration of cervical disc. Numbness, tingling, tearing sensation. Medications giving very little relief. Active home PT daily with little benefit. Abnormal gait; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient notes progression and recurrence of persistent low back pain into bilateral lower extremities. Also notes acute exacerbation of cervical pain to bilateral upper extremities with subjective loss of strength and fine motor control. Pain 10/10 at rec; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports she has completed PT at Tracy Jones Physical Therapy.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt has PT and EMG Completed; Ritter, Christopher presents for Chronic Pain Lower Back and Leg Pain, Multiple Joint Pain, Neck and Arm Pain;evaluation and management. He is an established patient. He complains of exacerbation of Chronic Pain for;more th; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	CK FOR POSSIBLE COMPRESSION FRACTURE.; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBL.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Allen, Charles presents for Chronic Pain evaluation and management. He is an established patient. He;complains of exacerbation of Chronic Pain for more than six weeks, not being managed with activity;modification, home exercise program, over the counter; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic Pain Lower Back and Leg Pain, Multiple Joint Pain;Chronic pain syndrome;Right knee pain;Low back pain;Facet arthropathy, lumbar;Other long term (current) drug therapy; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CK FOR POSSIBLE COMPRESSION FRACTURE.; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Degeneration of cervical disc. Numbness, tingling, tearing sensation. Medications giving very little relief. Active home PT daily with little benefit. Abnormal gait; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient notes progression and recurrence of persistent low back pain into bilateral lower extremities. Also notes acute exacerbation of cervical pain to bilateral upper extremities with subjective loss of strength and fine motor control. Pain 10/10 at rec; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports she has completed PT at Tracy Jones Physical Therapy.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt has PT and EMG Completed; Ritter, Christopher presents for Chronic Pain Lower Back and Leg Pain, Multiple Joint Pain, Neck and Arm Pain;evaluation and management. He is an established patient. He complains of exacerbation of Chronic Pain for;more th; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	27	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	28	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; It is unknown why ths procedure is being ordered	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presents today for concerns of bilateral wrist pain. She reports the pain began about 2 weeks ago. She denies any specific injury. The right is worse than the left at this time. She reports having pain that is located inside her right wrist. It do; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	see note; This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 3 weeks and it was too painful for patient to complete.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Chronic Pain Lower Back and Leg Pain, Multiple Joint Pain;Chronic pain syndrome;Chronic pain left knee;Chronic pain right knee;Radiculopathy, lumbosacral region;Low back pain radiating to both legs;Long term (current) use of opiate analgesic; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Chronic Pain Lower Back and Leg Pain, Multiple Joint Pain;Chronic pain syndrome;Right knee pain;Low back pain;Facet arthropathy, lumbar;Other long term (current) drug therapy; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD BRONCHITIS, PNEUMONIA, AND BILATERAL EAR INFECTIONS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); BUMP IN UMBILICUS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74181 Magnetic resonance (eg, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	74181 Magnetic resonance (eg, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Exertional dyspnea;Persistent cough;Heat intolerance;Chest imaging negative. Will move forward with pulmonary function test and stress test.;Exertional dyspnea: to the point of near syncope yesterday. Had to lay in front of the fan to keep from pass; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	new onset chest tightness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for Sickle Cell Disease; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Other than listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Unknown or not listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	WILL ALLOW FOR MORE INFORMATION; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	WILL ALLOW FOR MORE INFORMATION; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Maureen presents for evaluation of pulsatile and non pulsatile tinnitus.;;She reports left sided episodic pulsatile tinnitus over the last few months. It occurs with head/neck position changes and also resolves with head/neck position changes. She has; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Patient has hearing loss and an anterior neck mass. Doctor discussed w pt and family the asymmetric hearing test, and risk of a growth or tumor within the ear or brain causing these findings, and the possibility of serious consequences; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	PATIENT HAS TRIED CONSERVATIVE TREATMENT FOR CHONIC SINUSITIS AND CHRONIC EAR PAIN. PATIENT HAS NOT HAD ANY RELEIF IN SYMPTOMS.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown Lynne Marie Border-Koon is a 71 y.o. female here for initial evaluation of hoarseness. This has been present for a while now. She does not have throat pain but feels like her throat is very irritated. She has a lot o; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	PATIENT HAS TRIED CONSERVATIVE TREATMENT FOR CHONIC SINUSITIS AND CHRONIC EAR PAIN. PATIENT HAS NOT HAD ANY RELEIF IN SYMPTOMS.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	14	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	30	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	biopsy of lesion of oral mucosa showed malignancy, chronic sore throat, tobacco abuse; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Dysphagia, chronic throat pain, base of tongue asymmetry; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient has hearing loss and an anterior neck mass. Doctor discussed w pt and family the asymmetric hearing test, and risk of a growth or tumor within the ear or brain causing these findings, and the possibility of serious consequences; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	recurrent laryngeal papillomas;recurrent respiratory papilloma; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Maureen presents for evaluation of pulsatile and non pulsatile tinnitus.;;She reports left sided episodic pulsatile tinnitus over the last few months. It occurs with head/neck position changes and also resolves with head/neck position changes. She has; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Tinnitus, pulsatile; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Maureen presents for evaluation of pulsatile and non pulsatile tinnitus.;;She reports left sided episodic pulsatile tinnitus over the last few months. It occurs with head/neck position changes and also resolves with head/neck position changes. She has; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Tinnitus, pulsatile; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	61 yo female who comes in with pulsatile tinnitus that has been present for the past year. It occurs in both ears but not at the same time. There are no provoking causes. It is not constant. She also feels like her ears get full at times. Hearing is ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	61 yo female who comes in with pulsatile tinnitus that has been present for the past year. It occurs in both ears but not at the same time. There are no provoking causes. It is not constant. She also feels like her ears get full at times. Hearing is ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	confusion, memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Decreased hearing and popping in ear. Rule out acoustic neuroma.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	EnterRichelle Joy Olson is a 28 y.o. female here for initial evaluation. She has a severe sinus infection and since has had left sided hearing loss. It seems to have improved very minimally. She did have a CT without evidence of sinusitis. She does have ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	lesion of right middle cranial fossa; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient diagnosed with unilateral pulsatile tinnitus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She has history of bilateral tinnitus. It has been present for a long time but seems to be worsening. No medications or other changes associated with onset. She does have a history of noise exposure with heavy machinery and gun exposure. She has been feel; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	suspicious focal defect is seen in the left; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has been completed that shows restrictive lung disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	biopsy of lesion of oral mucosa showed malignancy, chronic sore throat, tobacco abuse; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Dysphagia, chronic throat pain, base of tongue asymmetry; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	recurrent laryngeal papillomas;recurrent respiratory papilloma; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknoon Cameron Black is a 42 y.o. male here for initial evaluation. He has history of severe bilateral epistaxis since he was a kid. He travels a lot at atmosphere and climate change makes him have nose bleeds. He saw an E; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Otolaryngology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatric Hematology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatric Hematology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	20 yo female here with mom today for follow up - last visit with Dr. Phillips 2/19/2020 - hx optic neuropathy OU, monocular esotropia, craniopharyngioma. Patient is complaining of pain in the left eye. Patient having headaches 2x/week. Wears glasses.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	20 yo female here with mom today for follow up - last visit with Dr. Phillips 2/19/2020 - hx optic neuropathy OU, monocular esotropia, craniopharyngioma. Patient is complaining of pain in the left eye. Patient having headaches 2x/week. Wears glasses.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Pt is having gait abnormalities, unable to walk w/o a walker. Can't stand for long period of time.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Persistent pain best describes the reason for this procedure; The patient did physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Other than listed above best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Other than listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Unknown or not listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	bilateral mandible masses; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral mandible masses; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Dr. Odiase is concerned for external compression such as aberrant subclavian artery compressing the esophagus; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	bilateral mandible masses; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt was recently diagnosed with cancer and needs this scan for staging of disease and treatment plan.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There has been a supervised trial of conservative management for at least 6 weeks.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Myelopathy, acute, cervical spine ;Numbness or tingling, paresthesia;;Low back pain, progressive neurologic deficit ;Numbness or tingling, paresthesia; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; It is not known if the pain began within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Myelopathy, acute, cervical spine ;Numbness or tingling, paresthesia;;Low back pain, progressive neurologic deficit ;Numbness or tingling, paresthesia; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	22	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	If MRI shows that she requires surgery then surgery will be immediately scheduled.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient is coming in due to right hand numbness and pain;; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	to check for ligament tears and if cyst in present. Aching, Burning, Throbbing and Sharp pain, interferes with sleep and is present at rest. Weakness and swelling persistent for the last few weeks. 3 views of the wrist reveal no evidence of fracture she ; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	This is a request for CT Colonoscopy for screening purposes only.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	newly diagnosed breast cancer; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Patient is being seen pre operative for a gastric sleeve, patient requires clearance before surgery can be completed.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	st depression; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 06/30/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 07/14/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 07/09/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 09/01/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 07/11/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 07/18/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 08/13/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 08/17/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 3/29/2023; The evaluation date is not in the future; Three or more visits anticipated; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 04/19/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 07/05/2023; The evaluation date is not in the future; Three or more visits anticipated; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 07/06/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 8/8/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 9/18/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 09/19/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 07/26/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 09/07/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 6/12/2023; The evaluation date is not in the future; Two visits anticipated; Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 6/26/2023; The evaluation date is not in the future; Two visits anticipated; Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; 7/26/2023; The evaluation date is not in the future; One visit anticipated; Rehabilitative; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; 8/2/2023; The evaluation date is not in the future; One visit anticipated; Rehabilitative; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 02/21/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 08/17/2020; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 08/29/2022; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 11/16/2022; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 01/18/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The member is 8 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is language or articulation; Mild functional deficits supported by standardized assessments; The member is 0-3 years old; 01/23/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; The member is between 1 and 7 years old.; Evaluation dates less than 270 days in the past	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 09/05/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; The member is between 1 and 7 years old.; Evaluation dates less than 270 days in the past	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 9/7/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; The member is between 1 and 7 years old.; Evaluation dates less than 270 days in the past	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/01/2023; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/20/2022; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/05/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/06/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/07/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/13/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 7/18/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 12/06/2022; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 02/08/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 03/13/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 06/22/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 7/31/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 07.27.2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 07/27/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 08/18/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 08/23/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 08/24/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 09/01/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 09/22/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 9/22/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	3/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/16/2023; No patient history in the past 90 days; Therapy type is Habilitative; Peabody Developmental Motor Scales, 2nd Edition (PDMS2); ; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/19/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/27/2023; No patient history in the past 90 days; Therapy type is Habilitative; alberta infant scale; below 5; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/05/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	5/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	5/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06-20-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/1/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/06/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/08/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/12/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/13/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/20/2023; No patient history in the past 90 days; Therapy type is Habilitative; ; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/20/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PEABODY; -2.67; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/27/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	6/29/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07-05-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07-13-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07-26-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07-27-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/03/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/07/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/7/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; adl's; 70; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/18/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/27/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/27/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/28/2023; No patient history in the past 90 days; Therapy type is Habilitative; PEABODY DEVELOPMENTAL MOTOR SCALES; 5%; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/31/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Quick Dash; 80% disability; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/18/2023; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	07/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-03-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-15-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-16-2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-22-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-24-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-28-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-29-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08-30-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/01/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/1/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/2/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/3/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/4/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/07/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/7/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; SPDI; 90/130; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; Patient had a recent surgery in the last 30 days that impacts overall function best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/08/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/08/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/8/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/09/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/9/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/9/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/10/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/10/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/16/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Quick Dash;;LEFS; Quick Dash: 64% disability;;LEFS: 23/80; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/17/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/17/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Oswestry Low Back Pain Scale; ; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/23/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/23/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/24/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/24/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/19/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Neck disability index; 55% disability; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is 5 or older.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/28/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/28/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/28/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/29/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/29/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	17	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	8/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09-07-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09-12-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09-19-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09-26-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/01/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/1/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/04/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/11/2023; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/05/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/05/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/06/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/06/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/6/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/7/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/7/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/08/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/8/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; adl's; 70; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/12/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/13/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/13/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; ; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is under 1 year old.; Torticollis, feeding or developmental delay is the condition being treated; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is 0-1 years old.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/19/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/19/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/13/2022; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Neck pain questionnaire; 60; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/20/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/17/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Multiple Sclerosis is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Multiple Sclerosis is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/27/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/27/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/3/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Knee; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Knee request: ; One visit anticipated; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hip/Pelvic; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Upper Extremity was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 08/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 09-06-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The Pelvis/Pelvic Floor is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 09/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 08/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 08/23/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 07/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 8/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 09/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/22/2023; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 09/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Lumbar Spine; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Lumbar Spine; 08-03-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Lumbar Spine; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impariments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/11/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 09/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/21/2023; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Head/Neck was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Vestibular Rehab was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Vestibular Rehab; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Wound/Burn Care selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Head/Neck was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Head/Neck was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Lower Leg request; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/11/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Head/Neck was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Lower Leg; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 7/3/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 08/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 07/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Lower Leg selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request. ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request. ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 07/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/24/2023; Post-Op; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/9/2023; Post-Op; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Knee; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 08/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/13/2023; Post-Op; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/12/2023; Post-Op; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 08/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 8/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/23/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 04/19/2023; Patient history in the past 90 days; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/08/2023; Patient history in the past 90 days; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/21/2023; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/21/2023; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/24/2023; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 08/28/2023; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 09/18/2023; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Two Body Parts selected; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/17/2023; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 09/22/2023; Patient history in the past 90 days; Body Part pass complete; Therapy type is Rehabilitative; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; One Body Part selected; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; Two Body Parts selected; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 8/3/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 8/17/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 08/31/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 9/7/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	10	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/04/2023; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/27/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03-09-23; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/5/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/31/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/20/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/26/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/17/2023; Patient history in the past 90 days; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/18/2023; Patient history in the past 90 days; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09-08-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/16/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/10/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/15/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/18/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/20/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 09/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/21/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/23/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/30/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023

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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/13/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08.28.2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/25/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/9/2023; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05-10-2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/13/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/29/2023; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/08/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/9/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 09/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/06/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/20/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/05/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/28/2023; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/24/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/16/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/17/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/07/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/20/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08-07-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/23/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2023; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/09/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/20/2023; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2023; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/22/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/18/2023; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request;; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/23/2023; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request;; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/28/2023; Patient history in the past 90 days; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/30/2023; Patient history in the past 90 days; Body Part pass complete; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09.19.2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/6/2023; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/23/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/5/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/17/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/21/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 8/7/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request.; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/05/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT HMSA or Iowa Total Care	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/17/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/11/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/24/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/1/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/27/2022; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/25/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2004; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/25/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/07/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/21/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/26/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/17/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/1/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/19/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/1/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/6/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/27/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/22/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/28/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/7/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/28/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/15/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/11/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/28/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/21/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/22/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 09/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/14/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Second Pass check point; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lumbar Spine request: ; One visit anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	10	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Requestor is a fax; Physical Therapy; NIA does not manage chiropractic but does manage speech therapy for the member's plan	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/29/2023; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/06/2023; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/27/2023; Post-Op; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/21/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/29/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/6/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/5/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/13/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/12/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/7/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/20/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/20/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/3/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/23/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/9/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/15/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/17/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/7/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/28/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/7/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/12/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/14/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/18/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/21/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Elbow; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2022; Post-Op; Knee selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 07/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/20/2023; Post-Op; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/1/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/29/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/16/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/7/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/14/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/29/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/05/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/28/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/31/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/31/2022; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/08/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/6/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/18/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/20/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/11/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/14/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/23/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07-31-2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/8/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/30/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/7/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/13/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/11/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/23/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/23/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/24/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/18/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/20/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08-28-2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/24/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/25/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 09/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/26/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/26/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/28/2023; Post-Op; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 09/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/16/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/27/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/02/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested</p>	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/13/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/19/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/28/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/08/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/30/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/2/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/21/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This is for an Open procedure; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/16/2023; Post-Op; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 08/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	2/13/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/03/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/15/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	3/22/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/13/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/24/2023; No patient history in the past 90 days; Therapy type is Habilitative; PEDI; Unspecified-moderate delay; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Pediatric Evaluation of Disability Inventory (PEDI);Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2); 1%; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PDMS-2; 1%; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 1-4 years old.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Child Sensory Profile 2; OT Complexity Table; Peabody Developmental Motor Scales-Second Edition (PDMS-2); Pediatric Evaluation of Disability Inventory (PEDI); ; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/16/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	5/22/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	5/24/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/02/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/2/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/19/2022; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/9/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; BOT-2; N/A; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/19/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/20/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/29/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/21/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/21/2023; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/14/2020; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/30/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/03/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/3/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/26/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/5/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/5/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; BOT - 2; 21; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 1-4 years old.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/6/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/6/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/12/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/07/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/10/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/13/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/19/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/11/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/24/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/10/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/18/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/25/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/25/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/1/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/02/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/03/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Berry-Buktenica Developmental Test of Visual-Motor Integration ;Burininks-Oseretsky Test of Motor Proficiency;Sensory Processing measure; Below average; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is 5 or older.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Sensory Profile, REF, Screen for adult anxiety related disorders.; 0; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/04/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/26/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/4/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/09/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; DPT3 THF BOT; 4; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/16/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/17/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/23/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/30/2023; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/24/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/28/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	8/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/28/2023; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/01/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/05/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/06/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/07/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2023; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/13/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/13/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/30/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/1/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/14/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/18/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/11/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	09/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/28/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/21/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Elbow; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 8/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 07/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 8/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 07/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 08/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 09/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Vestibular Rehab selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Vestibular Rehab; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; Occupational Therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Fracture; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 9/14/2023; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request;; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Head/Neck was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Gait/Balance; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was reaquested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 09/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 09/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/23/2023; Post-Op; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 08/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/14/2023; Post-Op; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 07/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/18/2023; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Thoracic Spine/Chest; Wrist selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part for second pass is not in options listed; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Occupational Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/30/2023; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request;; Therapy type is Rehabilitative; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; One Body Part selected; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/7/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; Occupational Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 7/31/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 8/3/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; Occupational Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 8/23/2023; Patient history in the past 90 days; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Occupational Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/12/2023; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 09/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/12/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/4/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/12/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/6/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/05/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/11/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/04/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/26/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/3/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/20/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 08/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/28/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 09/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/06/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/8/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/31/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/6/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 7/26/2023; Patient history in the past 90 days; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Occupational Therapy; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/29/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/23/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/16/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 07/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/02/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/24/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/31/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/09/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/18/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/11/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/25/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/25/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/31/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 07/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/29/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 7/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 8/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/28/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/9/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 8/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 8/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/25/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 8/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/16/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/29/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 09/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/14/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/30/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 09-12-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023	
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Increase in size of AAA; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING ESOPHAGEAL AND ESOPHAGOGASTRIC JUNCTION CANCER; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Lumbar L2-S1 myotomes have normal strength except 4/5 in b/l S1 myotomes; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical, thoracic, lumbar spondylosis;- Cervical spondylolisthesis, C7-T1 anterior listhesis; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Test needed to determine treatment and next steps. Notes attached.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Test needed to determine treatment. Notes attached.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical, thoracic, lumbar spondylosis;- Cervical spondylolisthesis, C7-T1 anterior listhesis; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Weakness in legs: yes, ADL limitations	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Test needed to determine treatment and next steps. Notes attached.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Test needed to determine treatment. Notes attached.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	15	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt have a hernia in the groin area that she was supposed to have surgery on a few years ago. Pt stated she had a hysterectomy in 2018 and they referred her to general surgery, Pt admits to some pain.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	RESTAGING ESOPHAGEAL AND ESOPHAGOGASTRIC JUNCTION CANCER; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Left Achilles tendon rupture; This is a request for a ankle MRA (lower extremity joint MRA)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING ESOPHAGEAL AND ESOPHAGOGASTRIC JUNCTION CANCER; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	unknown; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Greater than 4 cm; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The patient is between 4 and 8 years old; 11/14/2022; The evaluation date is not in the future; Three or more visits anticipated; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing; The member has NOT had previous Speech Therapy; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not recently suffered either a CVA or TBI; 08/08/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 07/07/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 04/27/2023; The evaluation date is not in the future; Three or more visits anticipated; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 9/22/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; 07/17/2023; The evaluation date is not in the future; One visit anticipated; Rehabilitative; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Speech Therapy; 11/08/2022; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 02/21/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 11/03/2022; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The member is between 1 and 7 years old.; Evaluation dates more than 270 days in the past	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/03/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 4/28/2023; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/20/2022; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/28/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 7/6/2023; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 07/19/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 02/21/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 02/27/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 04/23/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 04/27/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 07/21/2022; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 8/1/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 08/03/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 08/15/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 08/23/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; 08/25/2023; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary		2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/05/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/24/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/09/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/23/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/5/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/13/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/28/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05-18-2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05-22-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/02/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/08/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/12/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; bot-2; 27 and 8; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.; None of the above best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/18/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/22/23; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Peabody Developmental Motor Scales- Second Edition (PDMS-2); 3%; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/24/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/24/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06-06-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06-12-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06-14-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06-21-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06-26-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06-28-2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6-29-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/01/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/01/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/1/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/2/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 75; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/05/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/06/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/06/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/08/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/9/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/19/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; adl's; 72%; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/29/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/29/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07-05-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07-13-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07-18-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07-26-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07-27-2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/5/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/07/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/7/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/12/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/13/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; adl; 72; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/18/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/18/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	7/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08-14-2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08-31-2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/01/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/1/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/02/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/2/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/03/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/3/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/04/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/04/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/07/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/7/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/08/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/8/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/09/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/09/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/9/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/10/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/10/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Koos; 69; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/16/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/17/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/23/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/24/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/24/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/28/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/29/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/29/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/31/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09-17-2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/01/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/04/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/05/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/5/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/06/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/6/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/07/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/7/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/8/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/21/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/12/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/12/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/14/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/15/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/18/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/19/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/20/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/20/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/21/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/27/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/28/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/29/22; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/12/2022; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PDMS2; less than 1; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/14/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested</p>	2	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is being treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Radiology Services Therapeutic Denied Not Medically Necessary procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Radiology Services Therapeutic Denied Not Medically Necessary procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; Lower Leg selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Head/Neck request; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 09.07.2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2023; Post-Op; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 7/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/25/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 07/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 9/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	23	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 7/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 7/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 08/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 09/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/8/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Two Body Parts selected; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; One Body Part selected; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/9/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 7/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/4/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/1/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 9/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 7/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 7/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 8/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/3/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 7/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/29/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 8/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/5/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; Foot/Ankle selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/13/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/17/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/08/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/31/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/05/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The member is 5 or older.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/12/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/17/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/24/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/09/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/24/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/09/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/13/2023; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	6/20/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	6/21/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	6/23/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/28/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	6/28/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	7/10/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/11/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	7/12/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/13/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/17/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/19/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/21/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/24/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	8/2/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	8/8/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	8/11/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/16/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/16/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/22/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/23/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/25/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/25/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/29/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	8/30/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/31/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The member is 5 or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	09/07/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	09/12/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	09/12/2023; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	9/26/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/17/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/20/2022; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Thoracic Spine/Chest; Wrist selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; One Body Part selected; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 9/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 7/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/11/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/1/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Plastic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Plastic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has an Abnormality of the skull bones (craniosynostosis).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Plastic Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Plastic Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Plastic Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; PT IS IN CONSTANT PAIN THAT IS WORSENING DAILY. PREVIOUS TRADITIONAL AND CONVENTIONAL TREATMENT PLANS HAVE FAILED TO PROVIDE RELIEF TO THE PT.; This is a request for a bilateral ankle MRI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	patient has been treated for approx one month with meds and injections, walking boot, and home stretches/exercise with no relief; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a post op.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a pre op.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; It is not known if the patient has had a recent bone scan.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has surgery planned.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Pt has severe deformity of both 1st MPJ and limitation of motion, she was told she might have a tendon tear or rupture in the plantar aspect of her left foot. Also possible coalition in rearfoot	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Pt has 6+ month history of pain and numbness in central metatarsal heads, consistent with neuroma. Please image both feet to look for that condition between the metatarsal heads. Failed conservative therapy consisting of multiple cortisone injections an	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	10	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	He reports episodes of bluish discoloration of his right arm only. We will schedule him for vascular studies of the chest and neck. I would like to see him back after the studies have been performed.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	He reports episodes of bluish discoloration of his right arm only. We will schedule him for vascular studies of the chest and neck. I would like to see him back after the studies have been performed.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Psychiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		KNOWN SMALL CELL LUNG CANCER WITH WORSENING SYMPTOMS; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has been completed that shows restrictive lung disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; This Interstitial Lung Disease is suspected	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	16	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	13	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	22	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	40	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	n/a; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	32	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	24	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	FOLLOW UP TO AORTIC ANEURYSM FOUND IN JAN 2022, 4.1CM; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	KNOWN SMALL CELL LUNG CANCER WITH WORSENING SYMPTOMS; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm; The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for Sickle Cell Disease; The health carrier is NOT HealthNet of California</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	<p>93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023	
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; This Interstitial Lung Disease is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Greater than 4 cm; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Pulmonary Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Metastasis to brain. surveillance scan.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of asbestosis.; There is a known inflammatory disease.; There is not a known tumor.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was inconclusive; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is Radiation Oncology	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Cervical Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Initial Staging; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illucix)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has just ben recently seen and need to have scans to confirm diagnosis and see what treatment is needed; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a follow up from surgery for assessment of stent and thrombectomy; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has just ben recently seen and need to have scans to confirm diagnosis and see what treatment is needed; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a follow up from surgery for assessment of stent and thrombectomy; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	We will schedule him for an one year follow up MRI/MRA head without and with contrast on an outpatient basis at UAMS.;;Follow up aneurysm; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has abnormal uterine bleeding; The patient had a previous Ultrasound.; The ordering provider's specialty is NOT OB/Gynecology, Surgery or Surgical Oncology.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA>10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; Stent grafts were performed; The procedure was more than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	We will schedule him for an one year follow up MRI/MRA head without and with contrast on an outpatient basis at UAMS.;;Follow up aneurysm; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; HISTORY OF PRIOR LUMBAR FUSION;;LUMBAR RADICULOPATHY, SYMPTOMS PERSISTENT AFTER 6 WEEKS OF CONSERVATIVE TREATMENT; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rehabilitations	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 08/07/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rehabilitations	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 08/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rehabilitations	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; This Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has NOT been completed that shows restrictive lung disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	physical therapy, medications, hand swelling, JIA suspected; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Positive CCP in previous records; pt with warm, tender right wrist and numerous additional tender joints on today's exam. Will order an MRI of the right wrist and hand to evaluate for synovitis.; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The patient is being referred out for the MRI for the presence of active synovitis, erosion and cystic lesions, also for the extremity pain.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient is having stiffness in her hand and feet, she has positive ANA, she has a history of Breast cancer and treated with chemotherapy and several rounds of radiation therapy and subsequent tamoxifen, Arimidex, which she is still taking.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done in the past 2 months; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary ; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The patient did activity modification.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The patient did physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed more than 6 months ago.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	faxing .; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	physical therapy, medications, hand swelling, JIA suspected; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The patient is having stiffness in her hand and feet, she has positive ANA, she has a history of Breast cancer and treated with chemotherapy and several rounds of radiation therapy and subsequent tamoxifen, Arimidex, which she is still taking.; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	faxing .; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is being referred out for the MRI for the presence of active synovitis, erosion and cystic lesions, also for the extremity pain.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Suspicion of infection was noted as an indication for knee imaging	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PT WAS THROWN FROM HOOD OF TRUCK AND LANDED ON HER LEFT UPPER EXT, SHE IS NOW HAVING PAIN IN SHOULDER AND NECK; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PT WAS THROWN FROM HOOD OF TRUCK AND LANDED ON HER LEFT UPPER EXT, SHE IS NOW HAVING PAIN IN SHOULDER AND NECK; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Advil/ tylenol occasionally	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Kim Ford is a 56-year-old female who presents back to the office in regards to the right elbow. The patient presents today complaining of continued right elbow pain. She states that her pain has become more throbbing and constant. She states that the inj; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Sports Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	F/U grade 1 BCVI; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	F/U grade 1 BCVI; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there is a known inflammatory disease.; It is not known if there is a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; It is unknown if the patient is having an operation on the chest or lungs.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	A 5 x 6.6 mm lesion involving the posterior aspect of C7 that may be;an unusual atypical hemangioma but is worrisome for possible;metastatic disease and if clinically indicated an enhanced MRI may be;helpful, as if this area enhances this would certain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	A 5 x 6.6 mm lesion involving the posterior aspect of C7 that may be;an unusual atypical hemangioma but is worrisome for possible;metastatic disease and if clinically indicated an enhanced MRI may be;helpful, as if this area enhances this would certain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Weakness in bilateral lower extremities, Decreased sensation from T10 down	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; suspect spinal cord stimulator dysfunction. Severe back pain. Lumbar radicular pain;Gait abnormality;Spinal cord stimulator dysfunction (Acute);Pt reports having episodic pain that causes him to "drop to the floor". He was being worked up by a spine su	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Hernia , Possible surgery;; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	HERNIA;;LLQ SWELLING; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	The hematuria is not painful.; This study is being ordered due to hematuria.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	unilateral inguinal hernia; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; The patient's cancer is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Hernia best describes the reason for this procedure; The patient's hernia is Deep pelvic.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Persistent pain best describes the reason for this procedure; A CT scan is the only has been previously conducted.; Prior imaging was abnormal; The pain is in the Lower abdomen	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is for Makoplasty and/or TKA or other non-surgical planning	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); non healing wound; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The date the procedure is planned is unknown; Pre-procedure evaluation best describes the reason for this procedure.; The patient will have surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The procedure is planned within the next 6 months or less; The ordering provider's specialty is Surgery.; Pre-procedure evaluation best describes the reason for this procedure.; The patient will have surgery.; The part of the abdomen involved is gastric.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	new cancer diag; This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; The patient does NOT have a lifetime risk score of greater than 20.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; The health carrier is not Maryland Physicians Care.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	69 Y F with known HTN, OSA on CPAP is here for pre-op clearance for gastric sleeve surgery sees Dr.Fuller. Strong family hx CAD. Able to acheive 4 METS at baseline.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Don't know or Other than listed above best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	abdominal pain and swelling, to evaluate the pancreas and gallbladder; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; It is not known if patient has acute pancreatitis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Patient reports epigastric abdominal pain with deep palpation. No nausea or vomiting noted. Gallbladder ultrasound shows a large stone in the dependent portion of the gallbladder measuring 1.5 cm. Common bile duct measures 9.7. We will obtain an MRCP prio; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Patient is being seen for a sebaceous cyst, but physical exam was inconclusive. Need CT abdomen and CT thorax to evaluate for any underlying process before a surgery takes place.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She complains of exacerbation of chronic pain. I expect chronic pain problem will last at least more than one;year and most likely this problem last until the death of patient with potentially periodic exacerbation of this;chronic problem.;Treatment Go; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Thomason, Tonya presents for Chronic Pain Neck and Arm Pain, Multiple Joint Pain, Lower Back and Leg Pain,;Mid Back Pain evaluation and management. She is an established patient. She complains of exacerbation of;Chronic Pain for more than six weeks, not; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She complains of exacerbation of chronic pain. I expect chronic pain problem will last at least more than one;year and most likely this problem last until the death of patient with potentially periodic exacerbation of this;chronic problem.;Treatment Go; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Thomason, Tonya presents for Chronic Pain Neck and Arm Pain, Multiple Joint Pain, Lower Back and Leg Pain,;Mid Back Pain evaluation and management. She is an established patient. She complains of exacerbation of;Chronic Pain for more than six weeks, not; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72192 Computed tomography, without contrast material	Radiology Services Denied Not Medically Necessary	Evaluating a right inguinal hernia, left hernia present.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has had ultrasound and CT scan with no clear indication of what could be causing symptoms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is being seen for a sebaceous cyst, but physical exam was inconclusive. Need CT abdomen and CT thorax to evaluate for any underlying process before a surgery takes place.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT scan is the only has been previously conducted.; Hernia best describes the reason for this procedure.; The patient's hernia is Incisional (previous surgery).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has had ultrasound and CT scan with no clear indication of what could be causing symptoms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; It is unknown if the patient had any other studies	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgery	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for an unknown condition.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	lifetime risk 22.5%, will have breast reduction 11/2023; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	STATING FOR NEWLY DIAGNOSIS OF BREAST CANCER; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; The health carrier is not Maryland Physicians Care.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Surgical Oncology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Breast cancer follow up; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	left upper lobe lung cancer, eval for invasion into great vessels, please perform systemic arterial and venous with thin slices/ high resolution. 5/5/2023 for evaluation of newly diagnosed left lung sarcomatoid carcinoma.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Thoracic Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		Fall (on) (from) other stairs and steps on 8/14, subsequent encounter; Acute midline thoracic back pain; Lumbar back pain with radiculopathy affecting lower extremity; Numbness and tingling of both upper extremities; Weakness of distal arms and legs; Acute; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		New onset of right-sided neck pain, has remained unchanged. Weakness upon examination; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient was assaulted and was hit repeatedly in the facial area.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	assess lymph nodes as a mammogram showed lymphadenopathy in the armpits; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Head/neck cancer, staging ;parotid cancer; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	New onset of right-sided neck pain, has remained unchanged. Weakness upon examination; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	RESTAGING; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient presents for carotid stenosis. Has had 2 events that were consistent with a TIA citing aphasia and near syncope. A carotid doppler showed moderate right ICA stenosis that correlated with symptoms. Requesting CTA of head and neck to see if patient m; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient presents for carotid stenosis. Has had 2 events that were consistent with a TIA citing aphasia and near syncope. A carotid doppler showed moderate right ICA stenosis that correlated with symptoms. Requesting CTA of head and neck to see if patient m; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	ABOUT 6 MONTHS AGO PATIENT HAD LOSS OF VISION OUT OF LEFT EYE. HAS GRADUALLY GOTTEN BETTER. THEN STARTED EXPERIENCING VERTIGO AT TIMES. AFTER LAST VERTIGO EPISODE, PATIENT DEVELOPED RINGING IN EARS THAT HAS NOT RESOLVED.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	no additional clinical reasons.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PATIENT HAS HAD RECENT CVA; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has progressive multiple sclerosis along with memory difficulties. Need new MRI's to further treatment.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Evaluation of Optic Neuritis best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score is unknown	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack); The patient has NOT had a Brain MRI in the last 12 months	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for suspected pulmonary Embolus.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	assess lymph nodes as a mammogram showed lymphadenopathy in the armpits; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Dr. Howard Morgan is a oncologist ;NPI: 1407387053; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	fibromatosis; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Head/neck cancer, staging ;parotid cancer; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	New onset of right-sided neck pain, has remained unchanged. Weakness upon examination; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Pancreatic cancer, assess treatment response; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	18	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	39	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	From the last clinic note: I have reviewed this case with Dr. Munns, and he stated this is inoperable due to high risk and comorbidities. We recommend anti-impulse therapy with rhythm, heart-rate and blood pressure management. She does want to continue s; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient suffered injury to subclavian artery; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Physician is requesting CTA for one year follow up of an ascending aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	-Recommend CT Thoracic Spine - CT thoracic spine is being requested to further evaluate the patient's;persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective;findings, into the decision process in formu; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	-Recommend CT Thoracic Spine - CT thoracic spine is being requested to further evaluate the patient's;persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective;findings, into the decision process in formu; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	Low back pain, prior surgery, new symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	-Recommend MRI Cervical Spine- MRI cervical spine is being requested to further evaluate the patient's;persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective;findings, into the decision process in form; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Due to continued and progressive myelopathy will need to repeat his MRI for surgical consideration as soon as possible.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Mr. White has a chronic low back pain and a left leg weakness and the MRI lumbar showed multilevel foraminal narrowing at L3-S1. The imaging finding does not correlate with the left leg iliopsoas weakness. Therefore, he needs MRI of cervical and thoracic.; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	no additional clinical reasons.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has progressive multiple sclerosis along with memory difficulties. Need new MRI's to further treatment.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This case was created via BBl.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	4/5 strength to right lower extremity, 3/5 strength left lower extremity. ;;Pt has increased urinary frequency. ;;Pt has weakness, numbness, and tingling in lower extremities. ;;Pt has history of back surgery in 2020.; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Mid-back pain, compression fracture suspected ;pain after trauma; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient has progressive multiple sclerosis along with memory difficulties. Need new MRI's to further treatment.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	restaging pancreatic cancer with mets to bones; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There has been treatment or conservative therapy.; This case was created via BBL; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	-Recommend MRI Cervical Spine- MRI cervical spine is being requested to further evaluate the patient's;persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective;findings, into the decision process in form; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	4/5 strength to right lower extremity, 3/5 strength left lower extremity. ;;Pt has increased urinary frequency. ;;Pt has weakness, numbness, and tingling in lower extremities. ;;Pt has history of back surgery in 2020.; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Low back pain, prior surgery, new symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Mid-back pain, compression fracture suspected ;pain after trauma; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	restaging pancreatic cancer with mets to bones; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	26	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	14	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	It is not known if the patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	38-year-old woman with history of hypertension presenting for follow-up regarding right lower quadrant abdominal pain. She had substantial ileocecal valve ulcerations on her colonoscopy. Biopsies were not diagnostic of Crohn's disease. I think this warran; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; The ordering provider's specialty is NOT Surgery; Infection or inflammatory disease best describes the reason for this procedure; An ultrasound has been previously conducted.; The known or suspected condition of the patient is Peritonitis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Hernia best describes the reason for this procedure; The patient's hernia is Deep pelvic.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is Ulcerative colitis.; The patient is on medication for this condition; The patient's symptoms are worsening; The ordering provider's specialty is NOT Gastroenterology.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Other not listed best describes the reason for this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient suffered injury to subclavian artery; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the upper extremity.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Concern for inflammatory arthropathy. xrays show prominence of styloids. Evaluating for presence of active synovitis, erosion, cystic lesions; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Concern for inflammatory arthropathy. xrays show prominence of styloids. Evaluating for presence of active synovitis, erosion, cystic lesions; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	EVALUATING PRESENCE OF ACTIVE SYNOVITIS, EROSION, OR CYSTIC LESIONS.; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Wrist fracture, tendon/ligament injury suspected, xray done; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT ; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; It is unknown if there is a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; It is unknown if the patient has documented limited range of motion; The patient had an abnormal plain film study of the ankle other than arthritis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is for Makoplasty and/or TKA or other non-surgical planning	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	9	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI; The request is not for hip pain.; The study is for Aseptic Necrosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	Dr. Howard Morgan is a oncologist ;NPI: 1407387053; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	fibromatosis; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Crohn's disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA, Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	assess lymph nodes as a mammogram showed lymphadenopathy in the armpits; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pancreatic cancer, assess treatment response; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Down 38 pounds in the past year, some decreased appetite.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); rule out endometriosis, negative ultrasound; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will obtain imaging of abnormal structure in epigastric region that;ultrasound was unable to identify.; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	38-year-old woman with history of hypertension presenting for follow-up regarding right lower quadrant abdominal pain. She had substantial ileocecal valve ulcerations on her colonoscopy. Biopsies were not diagnostic of Crohn's disease. I think this warran; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan is the only has been previously conducted.; Hernia best describes the reason for this procedure.; The patient's hernia is suspected (occult).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)</p>	<p>ASCVD (arteriosclerotic cardiovascular disease); Chest pain, unspecified type; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago</p>	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; It is not known if this is a confirmed breast cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	cancer diagnosis; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient is 28 year old female who presents with right single duct spontaneous and expressible clear nipple discharge. Ultrasound imaging was inconclusive.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>exercise stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Patient was supposed to get an MPS as well echocardiogram for which he did not show up last time, we will reorder these 2 tests.;- We will plan on getting an ABI.;- We will plan on initiating Lasix after his echocardiogram comes back.;- He is on amlodi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>received result of ct chest done at Genesis cancer center on 8/11/2023 for lung cancer screening which incidentally shows "severe coronary artery atherosclerosis". In light of this abnormality, Dr Bowen would like to have a stress test done to evaluate p; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's activity limiting severe chronic back pain. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea, activity limiting chronic back pain, cannot climb a flight of stairs. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild to moderate exertion, chronic back pain, not a candidate for treadmill. Rule out underlying ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation to rule out underlying ischemia. Due to inability to walk a city block or climb a flight of stairs the patient is unable to perform a standard treadmill stress; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Cervical Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Initial Staging; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	lymphoma, restaging; This study is being ordered for a metastatic disease.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Greater than 4 cm; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Less than 8 mm; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>ascending aortic aneurysm; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>ascending aortic aneurysm; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Dilated cardiomyopathy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Dilated cardiomyopathy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>mitral regurgitation; This was mild to moderate by his last echo about 4 years ago. Does have some peripheral edema wears compression stockings.;Repeat echo to assess ejection fraction mitral regurgitation; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>mitral regurgitation; This was mild to moderate by his last echo about 4 years ago. Does have some peripheral edema wears compression stockings.;Repeat echo to assess ejection fraction mitral regurgitation; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Most likely the patient has esophagitis. He is on a Chinese medication which most likely is antacid or could be a proton pump inhibitor.;We will do a regular stress test and a 2D echo.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient was supposed to get an MPS as well echocardiogram for which he did not show up last time, we will reorder these 2 tests.- We will plan on getting an ABI.- We will plan on initiating Lasix after his echocardiogram comes back.- He is on amlodi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Pt had DVT July 2023.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.</p>	18	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.</p>	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.</p>	17	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</p>	7	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.</p>	26	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.</p>	27	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.</p>	29	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	6	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.</p>	16	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.</p>	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</p>	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.</p>	29	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Today (7/17/23), he returns for a routine follow up visit. He has complaints of occasional chest discomfort (unchanged), DOE (mod exertion), occasional palpitations, and edema (during day and resolves at night - advised compression stocking use). He deni; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Today (7/17/23), he returns for a routine follow up visit. He has complaints of occasional chest discomfort (unchanged), DOE (mod exertion), occasional palpitations, and edema (during day and resolves at night - advised compression stocking use). He deni; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>UNKNOWN; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>UNKNOWN; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report</p>	<p>This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.</p>	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>06/29/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families</p>	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 07/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 09/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; None of the above; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Jul-Sep 2023	
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1	2023	Jul-Sep 2023	
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Will obtain imaging of abnormal structure in epigastric region that;ultrasound was unable to identify.; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD RECENT CVA; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient needs this study done to check for new or more lesions. Patient MS symptoms are worsening and these studies are needed to provide better treatment/care for patient.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The type of congenital anomaly is unknown.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; The patient is 49 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	lymphoma, restaging; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for vascular disease other than cardiac.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Fall (on) (from) other stairs and steps on 8/14, subsequent encounter;Acute midline thoracic back pain;Lumbar back pain with radiculopathy affecting lower extremity;Numbness and tingling of both upper extremities;Weakness of distal arms and legs;Acute; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	no additional clinical reasons.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Fall (on) (from) other stairs and steps on 8/14, subsequent encounter;Acute midline thoracic back pain;Lumbar back pain with radiculopathy affecting lower extremity;Numbness and tingling of both upper extremities;Weakness of distal arms and legs;Acute; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain, unspecified back location, unspecified back pain laterality, unspecified chronicity;Abnormal MRI; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cathey, Mary presents for Chronic Pain Arm Pain, Lower Back Pain, Neck Pain, Shoulder Pain evaluation and;management. She is an established patient. She complains of exacerbation of Chronic Pain for more than six;weeks, not being managed with activity m; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC PAIN. PHYSICAL THERAPY NOTES ATTACHED.; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	hand numbness, lumbar pain; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, chronic. Knee pain, chronic, negative xray; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain radiates to bilateral lower extremities, is shooting, stabbing, sharp, numb, and with pins and needles sensation. Patient has tried physical therapy, TENS unit, and medications.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS RADICULAR PAIN IN HER ARMS AND LEGS; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has undergone kyphoplasty due to vertebral fracture. There has been no updated advanced imaging since the kyphoplasty.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS EXPERIENCING PAIN AND WEAKNESS IN HER LOWER EXTREMITIES AND SPINE. WALKING AND STANDING HAVE BECOME DIFFICULT. PATIENT HAS BEEN EXPERIENCING SYMPTOMS FOR PROLONGED PERIOD OF TIME WITH INCREASING NEUROLOGIC DEFICITS.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having new onset of bowel habits. And having weakness that does not show to be coming from the lumbar spine.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient needs this study done to check for new or more lesions. Patient MS symptoms are worsening and these studies are needed to provide better treatment/care for patient.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, unspecified spinal region; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at L2.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; It is unknown if any of these apply to the patient; It is not known if the pain began within the past 6 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	3	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	16	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Tried Home Exercise Program for;6 weeks with less than 50% pain relief.Dull, Aching, Throbbing pain for years in the LB-Neck,Feet; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Trunk numbness or tingling. Notes attached.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Williams, Falonda presents for evaluation and management. She is an established patient. She complains of;exacerbation of for more than six weeks, not being managed with activity modification, home exercise program,;over the counter NSAIDs and current p; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Due to continued and progressive myelopathy will need to repeat his MRI for surgical consideration as soon as possible.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. White has a chronic low back pain and a left leg weakness and the MRI lumbar showed multilevel foraminal narrowing at L3-S1. The imaging finding does not correlate with the left leg iliopsoas weakness. Therefore, he needs MRI of cervical and thoracic.; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pain radiates to bilateral lower extremities, is shooting, stabbing, sharp, numb, and with pins and needles sensation. Patient has tried physical therapy, TENS unit, and medications.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS EXPERIENCING PAIN AND WEAKNESS IN HER LOWER EXTREMITIES AND SPINE. WALKING AND STANDING HAVE BECOME DIFFICULT. PATIENT HAS BEEN EXPERIENCING SYMPTOMS FOR PROLONGED PERIOD OF TIME WITH INCREASING NEUROLOGIC DEFICITS.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having new onset of bowel habits. And having weakness that does not show to be coming from the lumbar spine.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, unspecified spinal region; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging progressive pancreatic cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at L2.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; tenderness bilateral L3 - S1 region. Pain noted over intervertebral spaces. bilateral pain of sacroiliac joint area. Anterior lumbar flexion causes pain. Muscle weakness. Headaches.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; CYCLOBENZAPRINE ;FLEXERIL; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; FAILED HOME EXERCISE - 6 WEEKS PLAN STARTED ON 05/05/2023.;PT HAS BEEN IN BACK BRACE APPROVED BY INS.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Cyclobenzaprine; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Trunk numbness or tingling. Notes attached.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain, unspecified back location, unspecified back pain laterality, unspecified chronicity;Abnormal MRI; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Cathey, Mary presents for Chronic Pain Arm Pain, Lower Back Pain, Neck Pain, Shoulder Pain evaluation and;management. She is an established patient. She complains of exacerbation of Chronic Pain for more than six;weeks, not being managed with activity m; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC PAIN. PHYSICAL THERAPY NOTES ATTACHED.; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Due to continued and progressive myelopathy will need to repeat his MRI for surgical consideration as soon as possible.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	hand numbness, lumbar pain; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	I called and spoke with Ms. Gregory about her left hip pain. She state that before surgery she would occasionally have hip pain but recently it has become constant. She is not able to stand or walk more than thirty (30) minutes before the pain comes. She ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS RADICULAR PAIN IN HER ARMS AND LEGS; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has undergone kyphoplasty due to vertebral fracture. There has been no updated advanced imaging since the kyphoplasty.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS EXPERIENCING PAIN AND WEAKNESS IN HER LOWER EXTREMITIES AND SPINE. WALKING AND STANDING HAVE BECOME DIFFICULT. PATIENT HAS BEEN EXPERIENCING SYMPTOMS FOR PROLONGED PERIOD OF TIME WITH INCREASING NEUROLOGIC DEFICITS.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging progressive pancreatic cancer; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She underwent physical therapy following her surgery where she attended twice a week for 6 weeks. STARTED 5/9/23; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	54	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	14	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	15	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	5	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	16	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at L2.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Tried Home Exercise Program for;6 weeks with less than 50% pain relief.Dull, Aching, Throbbing pain for years in the LB-Neck,Feet; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Williams, Falonda presents for evaluation and management. She is an established patient. She complains of;exacerbation of for more than six weeks, not being managed with activity modification, home exercise program;;over the counter NSAIDs and current p; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	post op sx pain sx 5/23/23; I called and spoke with Ms. Gregory about her left hip pain. She state that before surgery she would occasionally have hip pain but recently it has become constant. She is not able to stand or walk more than thirty (30) minute; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	I called and spoke with Ms. Gregory about her left hip pain. She state that before surgery she would occasionally have hip pain but recently it has become constant. She is not able to stand or walk more than thirty (30) minutes before the pain comes. She ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	She underwent physical therapy following her surgery where she attended twice a week for 6 weeks. STARTED 5/9/23; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The patient had medications.; The pain is musculoskeletal	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	tenderness of the subdeltoid bursa and the deltoid.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	7	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; prednisone 10 mg tablets in a dose pack - Take 1 dose pk(s) by oral route. Qty: (1) 21 tablet dispensing pack Refills: 0 Pharmacy: SMITH DRUG & COMPOUNDING #1;doing rotator cuff exercises and no better - since April 7, 23; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Neck pain, chronic. Knee pain, chronic, negative xray; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PATIENT HAVING BILATERAL KNEE PAIN; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	progressive bony enlargement in multiple joints for greater than 10 years. elevated CKs in the 300s range. polymyositis.significant change in strength .hyperuricemia. impressive left ankle effusion anteriorly and mild 1+ bilateral foot ankle and lower ex; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; This is a request for an Abdomen CTA and Chest CTA ordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	lymphoma, restaging; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	11	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	N/A; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	MD is a cardiologist and feels the tests are needed based on patients history; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2023 Jul-Sep 2023
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7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.; The patient is not post-menopausal or estrogen deficient.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	62 YOF with PMH of HTN, Aneurysm of right renal artery, HLD, COPD;;BMI: 37.88; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain, unspecified type;Palpitations;Family history of death due to heart problem at 50 years of age or younger; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, high CAD risk, not treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown Marsha Blake is a 60 y.o. female who presents for new patient visit.; ;She recently moved here from Houston area about a year ago. She has history of HTN, HLD, DM. She has never required insulin. Has remote smoking h; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	methamphetamine abuse;smokes 1ppd/20yrs;pedal edema bilaterally;fatigue;heart failure with preserved EF;;bmi 36;hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild exertion, cannot exercise on a treadmill. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's unpredictable dyspnea on exertion, degenerative disc disease of the lumbar spine with sciatica, cannot exercise on a treadmill. Rule out underlying; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 05/15/2023; The evaluation date is not in the future; Three or more visits anticipated; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	ASCVD (arteriosclerotic cardiovascular disease); Chest pain, unspecified type; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	MD is a cardiologist and feels the tests are needed based on patients history; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for an infection of the heart.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Most likely the patient has esophagitis. He is on a Chinese medication which most likely is antacid or could be a proton pump inhibitor.;We will do a regular stress test and a 2D echo.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known tumor.	8	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	Obtain CT scan of the pelvis to determine whether hernia is present and to be given the option of aspiration, hydrocele repair, orchiectomy, vs. hernia repair.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	from the most recent clinic note: ;Followup on gross hematuria and elevated PSA. He had MRI prostate and hematuria workup ordered a year ago. He states he missed the scheduling call and called the hospital several times and could not get an answer so he ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Reason for exam:surveillance of bladder cancer; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; None of the above best describes the reason for this procedure	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Other not listed best describes the reason for this procedure	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is Urology	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is Urology	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is Urology	23	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy was completed with negative results, but ongoing concerns; The ordering MDs specialty is Urology	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; It is unknown if a biopsy is planned	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's specialty is Urology.; The patient's cancer is suspected	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; The patient's cancer is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was inconclusive; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	4	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	from the most recent clinic note: ;Followup on gross hematuria and elevated PSA. He had MRI prostate and hematuria workup ordered a year ago. He states he missed the scheduling call and called the hospital several times and could not get an answer so he ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	12	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	13	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Patient is having recurrent UTI's; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); renal cyst; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	19	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	17	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	64	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	25	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was inconclusive; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.; The ordering provider's specialty is Urology.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	3	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Reason for exam:surveillance of bladder cancer; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Initial Staging; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illucix)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Other not listed best describes the reason for this procedure	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; It is unknown why this is being requested	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; The patient is male.; Other not listed best describes the reason for this procedure	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Benign prostatic hyperplasia with outflow obstruction; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); INGUINAL HERNIA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); NOCTURIA AND URINARY INCONTINENCE; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PROSTATITIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	6	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	74181 Magnetic resonance (eg, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illucix)	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		His current symptoms includes left arm goes weak and has paraesthesia as well as left side of face at times. He has episodes of near syncope and incoherence.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	STENOSIS OF BILATERAL CAROTID ARTERIES; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	His current symptoms includes left arm goes weak and has paraesthesia as well as left side of face at times. He has episodes of near syncope and incoherence.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	STENOSIS OF BILATERAL CAROTID ARTERIES; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	TEVAR & carotid-subclavian bypass; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	2	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	9	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	10	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular Surgery; This procedure is being requested for pre-procedural evaluation	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; It is unknown if the patient had any other studies	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Jul-Sep 2023

7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT scan and ultrasound have been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	1	2023	Jul-Sep 2023
7/1/2023 - 9/30/2023	7/1/2023	9/30/2023	Vascular Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	1	2023	Jul-Sep 2023